

Let me begin by talking about something that happened in Maryland during my first year in the U.S. Senate. I was elected in 2006. In 2007, in my very first year, we had a tragic situation that occurred a few miles from where we are right here, in Prince George's County, MD. A youngster, 12 years of age, Deamonte Driver, died from a tooth problem. Let me give you the background on this because this is a very tragic situation. This is in the State of Maryland, one of the wealthiest States in one of the wealthiest nations.

Deamonte Driver's mother recognized that Deamonte Driver had pain in his mouth. She tried to get him to a dentist, but they had no insurance and no coverage. She couldn't get anyone to take care of her son. What was needed was an \$80 tooth extraction. If he could have seen a dentist, that is exactly what would have happened. He couldn't get in because he had no insurance, and he fell through the cracks of our system. That tooth became abscessed, and it went into his brain. He went through two operations, hundreds of thousands of dollars of cost, and he lost his life.

That happened in my first year in the U.S. Senate. I vowed to do everything I could to make sure there were no more tragedies anywhere in America like Deamonte Driver's. Every child should be able to get access to oral health care. It is who we are as a nation. It is part of who we are, and it makes sense from the point of view of an efficient health care system.

I introduced legislation to provide pediatric dental care in this country. I worked with my colleague ELIJAH CUMMINGS in the House of Representatives and with others here, and we were able to make some progress. Ultimately, we were able to get this as part of our national health policy in the Affordable Care Act. It is now part of what is known as essential health services.

I start this debate on the floor of the U.S. Senate by saying that Dr. PRICE, the nominee for Secretary of Health and Human Services, is one of the leaders for the repeal of the Affordable Care Act, which would repeal essential health services, which would eliminate the right for all children in America to have pediatric dental care. So I then look at what Mr. PRICE would replace it with, and I am confused because I am not exactly sure what he would replace it with. I have looked at what he has done as a Member of the House, I have looked at what he has done as the chairman of the Budget Committee, and I am not confident that we would maintain that type of guaranteed coverage for our children.

That is just one concrete example—one person—of why I am concerned about what would happen if we repealed the Affordable Care Act, and we don't know what is coming next.

The Affordable Care Act—30 million Americans now have affordable, quality health care as a result of the Af-

fordable Care Act. The repeal of that law would jeopardize those 30 million. In Maryland, the uninsured rate has gone down from over 12 percent to a little over 6 percent. We have cut our uninsured rate by about 50 percent. That is so important for so many different reasons. Yes, it is important for the 400,000 Marylanders who now have third-party coverage who didn't have third-party coverage before. They now can go see a doctor rather than using an emergency room. They don't have to wait if they have a medical condition; they can get care immediately. They can get access to preventive health care that keeps them healthy so they don't enter our health care system in a much more costly way.

Before the Affordable Care Act, these 400,000 people got their health care, but they didn't get it in the most cost-effective way. They used emergency rooms, which are very expensive. They didn't pay for their bills. They entered the health care system in a more acute way, using more health care services than they need, and they didn't pay their bills. As a result, we saw that those who had health insurance were paying more than they should because of those who did not have health insurance. That added to the cost, not just of those who didn't have the insurance but to all Maryland insured.

Mr. President, I see that the distinguished majority leader is on the floor. I will be glad to yield to him. I believe he has an announcement he wants to make.

The PRESIDING OFFICER (Mr. BLUNT). The majority leader.

#### TO CONSTITUTE THE MAJORITY PARTY'S MEMBERSHIP ON CERTAIN COMMITTEES FOR THE ONE HUNDRED FIFTEENTH CONGRESS

Mr. MCCONNELL. Mr. President, as in legislative session, I ask unanimous consent that the Senate proceed to the consideration of S. Res. 57, submitted earlier today.

The PRESIDING OFFICER. The clerk will report the resolution by title.

The senior assistant legislative clerk read as follows:

A resolution (S. Res. 57) to constitute the majority party's membership on certain committees for the One Hundred Fifteenth Congress, or until their successors are chosen.

There being no objection, the Senate proceeded to consider the resolution.

Mr. MCCONNELL. I ask unanimous consent that the resolution be agreed to and the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Without objection, it is so ordered.

The resolution (S. Res. 57) was agreed to.

(The resolution is printed in today's RECORD under "Submitted Resolutions.")

#### EXECUTIVE CALENDAR—Continued

Mr. MCCONNELL. Mr. President, for the information of all of our colleagues, including our newest colleague from Alabama, who is going to have a very long first day here, if all time is used postcloture on the Price nomination, the Senate will have two votes at 2 a.m. Senators should be prepared to stay in session and take those votes tonight. If an agreement is reached to yield back time and to cast those votes earlier, we will notify Members the moment such an agreement might be reached.

I thank my friend from Maryland.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Mr. President, the point I was starting with is that in Maryland, yes, there are 400,000 people who now have coverage who didn't have coverage before, and they are benefiting by being able to get preventive health care and get affordable care, but it is all Marylanders who are benefiting because there is less use of emergency rooms and fewer people who use our health care system who don't pay for it, the uncompensated care.

Many of my colleagues have read letters that they have received from constituents, or phone calls, and I am going to do that during the course of my discussion. I am going to tell you a story that I heard from a 52-year-old who lives in Harford County who frequently used the emergency department prior to the adoption of the Affordable Care Act. This is what this Harford County resident told me: After the passage of the Affordable Care Act, I began working with Healthy Harford Watch Program and shortly after was insured. I have been successfully linked to community health services and no longer depend upon the emergency room as my only source of health care.

I can give many more accounts of people who had to use the emergency rooms and are now getting preventive health care and are getting their health care needs met.

We also now have been able to eliminate the abusive practices of insurance companies. As I said, over 2 million people have private health insurance in Maryland. They are all benefiting from the Affordable Care Act.

If Mr. PRICE has his way and we repeal the Affordable Care Act, every Marylander will be at risk. They will be at risk because of the protections that we put in the Affordable Care Act against abusive practices of insurance companies.

To me, probably the most difficult thing to understand by my constituents was the cruel preexisting condition restrictions that were placed in the law prior to the Affordable Care Act. Simply put, if you had a preexisting condition, the insurance company would restrict coverage for that preexisting condition. So exactly what you needed the health care system to pay for, your insurance company didn't

pay for it. They said: Look, you had this heart condition before you were insured; we are not going to pay for your heart needs. You had cancer; we are not going to pay for your cancer treatment in the future. You have diabetes, and that leads to a lot of different health care needs. We are going to restrict your insurance coverage and not pay for diabetes care. That is a thing of the past with the Affordable Care Act.

Once again, we are now talking about repealing the Affordable Care Act. We don't know what it will be replaced with, if at all. Mr. PRICE, in the House, has not given us a satisfactory explanation during the confirmation process of how we are going to be able to guarantee that everyone who has insurance and everyone who has a need for coverage with preexisting conditions will be able to get insurance that won't discriminate against that person because of preexisting conditions.

Another aspect that was an abusive practice before the Affordable Care Act is that our insurance policies had caps on how many claims you could make in a year over the lifetime of your policy, and that would kick in exactly when people who have chronic needs need insurance the most.

Let me give an example. Juanita, who lives in Hyattsville, MD, told me about her son. She said her son seemingly was in perfect health, had graduated from Harvard with a master's degree and was working at a nonprofit. Then he was diagnosed with a rare cardiovascular disorder. He didn't know he was going to have that. Well, that required him to have multiple operations, and it would have fully exceeded his lifetime cap in hospital stays, and he would not have been able to afford the care. Thanks to the Affordable Care Act, Juanita's son has full coverage. That is another example of a person who is at risk if Mr. PRICE is able to carry out what he said—repeal the Affordable Care Act—and we don't have a way to guarantee that insurance companies must take all comers and must eliminate the caps that we have seen in the policies before.

Another area which I think has been a pretty popular part of the Affordable Care Act and which I heard many of my colleagues on both sides of the aisle say they want to keep is allowing 26-year-olds to stay on their parents' policies—under 26 years of age. That is a very popular provision. I heard many of my colleagues speak in favor of it. Remember, when you repeal the Affordable Care Act, that will be repealed. Unless we have adequate replacements, unless we have an improvement, that is at risk as well.

I want to talk about another provision that was in the Affordable Care Act. I authored the provision. It is called a prudent layperson standard for emergency care. Let me take you back before the Affordable Care Act. This is why it is important for Congress to be careful as to how we pass laws. And if

we repeal laws, we can go back to these types of practices. Before the Affordable Care Act, if you had chest pains and shortness of breath, you would do what I would think any reasonable person would do: You would be taken to the emergency room as soon as possible to see whether you are having a heart attack. Those are classic signs of a heart attack. Yet there were insurance policies that said that if you went to a hospital that was out of network, they weren't going to pay the full amount even though you went to the closest hospital because you had an emergency situation. That makes no sense at all, but that was the case.

You went to the hospital. You did the right thing, and you found out you didn't have a heart attack. You went home. You were happy until you got the bill, and your insurance company said you didn't need to go to the emergency room because you didn't have a heart attack. Then you do have a heart attack because you can't pay the bill.

That was the circumstance that existed before the Affordable Care Act, and we put into the Affordable Care Act, for all insurance companies, the prudent layperson standard. If it was prudent for you to go to the nearest emergency room, your insurance plan must cover that cost. That is the standard today, and I wonder whether, if we repeal the Affordable Care Act, we will be going back to those types of abusive practices.

Before the Affordable Care Act, women in some circumstances were in and of themselves a preexisting condition. Are we going to go back to those days?

Let me go on to another point that worries me about Mr. PRICE's position if we were to repeal the Affordable Care Act, and that is affordability. It is one thing to say people can buy insurance—you know, there is insurance out there; just buy it. It's another thing whether you can afford the insurance coverage.

One of the benefits of the Affordable Care Act that I don't think has been fully explained to the American people is that since the passage of the Affordable Care Act, we have been able to keep the growth rate of health care costs below what we had seen before the passage of the Affordable Care Act. We have reduced costs for all individuals and companies that have health policies. The rate of growth has been at a slower rate because of the Affordable Care Act. And I have already alluded to one of the reasons—we reduced uncompensated care because more people are paying their bills. We kept the growth rate down.

But there are other aspects to the Affordable Care Act that have helped bring down the costs, and that is, we have premium tax credits. In 2015, 70 percent of those who were enrolled in the Maryland Health Connection—that is our exchange in the State of Maryland—received some form of a credit. That was provided in the Affordable

Care Act. We recognize that not everyone can afford the premiums, so we provided credits. If you repeal the Affordable Care Act, we may very well not have affordable policies for those individuals who have been able to get credits under the Affordable Care Act.

I want to talk about a situation that was brought to my attention at several of the roundtable discussions I have held in Maryland with interest groups on health care, and that has to do with small businesses.

Before the Affordable Care Act was passed, if I had a forum on small businesses—and I did. I have been a member of small businesses and entrepreneurship committees since I first came to the Senate. I believe in the importance of small businesses. That is where job growth and innovation takes place. It is critically important that we help small businesses.

Before the passage of the Affordable Care Act, the No. 1 issue that would come up at roundtable discussions I had with small business leaders of Maryland was the affordability of health coverage for their employees. It is no longer an issue that they talk about because the Affordable Care Act has allowed small companies to have competitive premium costs with larger companies.

Before the passage of the Affordable Care Act, if you were a small business owner and you had maybe 10 people in your employ on your health policy and one of those individuals unfortunately had a major health episode during that year, you knew that the next year you were going to get a major premium increase because you were rated on your own experiences as a small group. That is a thing of the past under the Affordable Care Act. Now, under the Affordable Care Act, you are in this big pool, and you are not discriminated against because you happen to have someone in your employ who needs health care.

It also enables small business owners to hire people who have particular health needs. They are not going to be discriminated against because they hire somebody who happens to have the need for health insurance. Before that, small companies were very reluctant to hire individuals who had health needs because they knew it would affect their health policy.

I want to mention one other factor that is pretty telling. Let me read from a letter I received from Nancy of Silver Spring. This is something that really gets to me, something I think we have to be very careful about, because the repeal of the Affordable Care Act is going to hurt our economy.

Nancy of Silver Spring is a 60-year-old freelance writer/editor and depends upon the Maryland Health Connection exchange for her health insurance and the tax credit that helps reduce her premium. She is a healthy 60-year-old, but no insurance company will write her an individual policy, she knows—she tried. One of the big factors that helped Nancy get the courage to leave

her salaried, full-benefits job and go out on her own was the fact that the ACA was right on the horizon when she made the leap in 2012.

Nancy writes:

You want a world-class work force? How about giving everyone access to affordable health care so we can keep ourselves functioning? You want job creation? How about keeping the ACA so freelancers, gig workers, and startup entrepreneurs don't have to split their energy between the jobs they are creating and some soul-sucking "day job" just for the sake of keeping our health insurance?

This is a real problem. You repeal the Affordable Care Act, people become what is known as job-locked. They don't like where they work, they know they can do better, but they can't afford to leave and lose their health coverage. It may be their spouse, it may be their child, may be their self, but they are job-locked because they don't have the protection of knowing they can get affordable coverage if they give up the insurance they currently have. That hurts our economy. That hurts the entrepreneur spirit. That hurts innovation. And it is something that is critically important that we solved in the Affordable Care Act.

Mr. PRICE talks about the repeal and we will have something to replace it with. That is not an easy one to fix. That is not one that you can just say we will take care of because you have to have pools for individuals in small companies that are competitive. If we don't have the type of comprehensive coverage we have under the Affordable Care Act, it is very difficult to understand how that can, in fact, be done. So that gives me great heartburn with someone who espouses the repeal of the Affordable Care Act.

We have many stories, many letters here from people who literally would have had to go through bankruptcy.

In Laurel, MD, Mark tells me about his son Timmy, who developed a rare genetics syndrome called Opitz G/BBB. Timmy's medical expenses would have reached his family's lifetime maximum of \$1 million when he turned 3 months old. When Timmy finally made it home, the ACA covered and continues to cover his cost of medical equipment. The law covers all of Timmy's specialist appointments, surgeries, and hospital stays.

Recently, Timmy was sick and coughing up blood. Mark and his wife took him to the emergency room without fear that he would incur debt he would never be able to pay. Without the Affordable Care Act, Mark's family would likely be in bankruptcy.

Go back before the Affordable Care Act. Look under bankruptcies. Look up what the major reason was for bankruptcy. It was people's inability to pay their medical bills in the United States of America. That is something we don't want to go back to.

I started my comments by talking about pediatric dental. The Affordable Care Act provides essential health benefits so that every person who is insured, every person who is in our sys-

tem, is guaranteed certain benefits. That affects nearly 3 million Marylanders who are protected by the essential health benefits in the current law. They include such things as maternal benefits and newborn health care, mental health and addiction.

Mr. President, you have been the leader of this body on dealing with mental health services and addiction services, and I applaud you for your efforts, but quite frankly, if we lose the essential health benefits, private insurance companies aren't going to cover these costs.

We have an epidemic nationwide on drug addiction. We have seen opioid misuse lead to heroin, lead to fentanyl. The death rate in Maryland is up about 20 percent every year. We have doubled and quadrupled the number of ODs the last 5 or 6 years, and the numbers are still going up. We need coverage so that we can, first and foremost, stop people from using it in the beginning—an education program, a prevention program; we have to do more of that. We also have to keep people alive and get them into treatment and save their lives, and the Affordable Care Act helps us get that done.

You repeal these essential health benefits, I really worry as to whether—mental health and drug addiction have never been a priority for private insurance companies or, for that matter, the Medicaid system. So we have to make sure that we maintain that type of coverage, and the repeal of the Affordable Care Act puts all of that at risk.

One of the areas I worked on very carefully when I was in the House, and now in the Senate, was preventive health care services. Immunization, cancer screenings, contraception—those types of services are critically important. We had a meeting at lunch today. I found out that unwanted pregnancies are at a historically low level. Are we going to go back to the day where women cannot afford contraceptive services? That makes no sense at all. It is counterproductive to what we all agree we need to do.

I want to talk about one or two other issues which I think are important which are also in jeopardy with the repeal of the Affordable Care Act or policies that have been espoused by Mr. PRICE. One is the Medicaid expansion.

The Medicaid expansion covers our most vulnerable. These are people who don't really have a strong voice in our political system. They are people who really depend upon us, every one of us in the Senate, to protect their health care needs. These are people who are desperate, who can't afford health care other than through our medical assistance program, the Medicaid Program. Yet there has been talk about block-granting that program to the States. Have you looked at State budgets recently? Do you really believe our States have the financial capacity to deal with the Medicaid population without a partnership with the Federal government?

Maryland has been a pretty strong State with Medicaid expansion. My Governor is doing the right thing. I am proud of what Maryland has done, but if you withdraw the Federal partnership, the Governor doesn't have that type of flexibility in the budget to make up the difference. It is going to hurt. It is going to hurt our health care system, hurt our most vulnerable.

It has been estimated that a block grant—that by 2019, Maryland will lose close to \$2 billion. We can't make that up. Would we still cover substance abuse under Medicaid? We didn't before. If we don't cover that, are we going to now be denying those centers that are located for substance abuse? All this is put at great risk.

We know that Mr. PRICE, in his fiscal year 2017 budget proposal, looked at this proposal, and I believe it was at \$1 trillion at that time.

There is a provision in the Affordable Care Act that I authored that sets up Offices of Minority Health and Health Disparities within all our health departments and sets up the National Institute for Minority Health and Health Disparities. We elevated it in the Affordable Care Act. I would certainly hope that we would not be repealing that, although it is in the Affordable Care Act. But I can tell you that the mission of Minority Health and Health Disparities will be severely restricted if we repeal the Affordable Care Act or we block-grant the Medicaid Program because it is the minority population who had been discriminated against historically in our health care system who are most at risk.

I can give you one example of that: our qualified health centers. We significantly increase the resources in the qualified health centers as part of the Affordable Care Act. I have been to our qualified health centers in Maryland, and I have seen that they now have dental services that they didn't have before the Affordable Care Act. They now have mental health facilities. It is one thing to have third-party coverage but another thing to have access to a facility. We know that in rural areas, it is very challenging. In poor neighborhoods, it is also challenging. Qualified health centers help fill that void.

I was talking to our qualified health centers in Maryland. I said: What happens now if we repeal the Affordable Care Act? They literally told me that they can't stay in business because they would lose so much of their reimbursement because it is now being reimbursed under the Medicaid system because these people enrolled; that it would jeopardize their ability to provide the types of services they are providing today. So you are not only denying people third-party reimbursement, you are denying them access to care by the repeal of the Affordable Care Act.

Lastly, let me talk about our Medicare population. Medicare was part of the Affordable Care Act. We don't hear too much talk about that today. We extended the solvency of Medicare as a

result of the Affordable Care Act. We brought down the cost of Part B premiums as a result of the Affordable Care Act. And we are closing the doughnut hole coverage gap for prescription medicines within the Medicare system. Before the Affordable Care Act, how many times would we go to a senior center and someone would tell us they didn't pick up their prescriptions from the counter because they didn't have the money to pay for the cost because they were in the doughnut hole? Well, that is coming to an end. It has already closed enough so people are not in that vulnerable situation. But it is now coming to an end as a result of the passage of the Affordable Care Act.

So I take this time today because of Mr. PRICE's nomination. I care deeply about the principle Senator VAN HOLLEN talked about and others have talked about; that is, health care in America should be a right not a privilege. The Affordable Care Act has helped us in achieving that.

Somehow I believe that if we ask the American people, some would say: Well, we don't like this ObamaCare, but we like this Affordable Care Act. Let us be honest with the American people. Let us recognize that this bill has changed the landscape of health care in America for the better: reduced costs, extended coverage, more quality coverage, insurance companies now have to spend at least 80 percent of their premiums on benefits.

So much of that has been done as a result of the Affordable Care Act. Can we do it better? Absolutely. Let's work together, Democrats and Republicans, to improve the health care system in this country without scaring Americans that they are going to lose the benefits they already have.

For those reasons, I believe Mr. PRICE does not represent what we need, and I will, unfortunately, be voting against his confirmation.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Georgia.

Mr. PERDUE. Mr. President, I rise tonight actually to support the confirmation of my friend and fellow Georgian and our next Health and Human Services Secretary, Dr. TOM PRICE. I have known Dr. PRICE personally and worked with him for quite some time. He is a remarkable individual, and we should take comfort in his nomination to this important position because he has years of service and years of experience working with our Nation's health care system.

He has been a practicing physician, a state legislator, and a Member of the House of Representatives. Dr. PRICE knows that government intrusion has already negatively impacted patient care in the last few years. He has years of professional experience as a physician and he is seen as a leading voice in health care policy. My colleagues across the aisle oppose him, they say primarily because of his opposition to

the Affordable Care Act. Well, the truth is, ObamaCare is collapsing under its own weight today. In my State of Georgia, this year alone, after double-digit increases last year, premiums are up 33 percent this year. Nationwide, premiums are up 26 percent. So the other side talks about it being affordable. People back home—I am getting letters every week about the fact that people are withdrawing from ObamaCare because of the increase in premiums, and most insidious are the increases in deductibles. Some two-thirds increase—67 percent—increase in deductibles.

You know, we don't have to worry about repealing ObamaCare because it is collapsing under its own weight. We just have to sit back and watch it die of its own volition. Here is how it is going to happen. It is very simple. In my State, out of 159 counties, we have 99 counties that only have one health care provider because of the Affordable Care Act. Even in that carrier, there are limited insurance programs available to their customers.

What happens if that carrier decides they cannot profitably afford to be in Georgia? Then 99 counties will lose any health care carrier. Where do they go? They will be fined under the Affordable Care Act for not having insurance. Where do they go? Well, the Federal Government has an answer, obviously. The U.S. Government can always step in and be the insurer of last resort. Is that not the single-payer strategy that was behind this all along? It is not what American mainstream voters want.

The fearmongering that is going on right now about any potential repeal is just hypocrisy. I believe there is no question that there is a plan. We know there is, but to fix ObamaCare is very difficult relatively to the way it was built to begin with. It was based on the wrong premise; that is, that the Federal Government is going to step in and take care of everybody's health care.

If you like the Veterans' Administration, you are going to love health care done by the Federal Government in the Affordable Care Act. By the way, if you like the way the post office is run, you are going to love the way the Federal Government runs our health care.

With all of that in mind, the No. 1 objective of Dr. PRICE that I have heard today and throughout this week has been nothing more than the vitriolic argument that he opposes ObamaCare. That is sad. I think we are taking a great American who is willing to volunteer and become a member of this President's Cabinet and try to make health care better for every American.

I can't think of another person in this country who is more qualified for this timely responsibility. Dr. PRICE will work to end Washington's takeover of our health care system, and I know he will work tirelessly for a health care system that compassionately improves the lives of every American. Truly, there is no one more

qualified to serve as our next Health and Human Services Secretary than my good friend, Dr. TOM PRICE.

I am proud to support him. I am glad we are finally grinding our way to his confirmation later tonight, but while we talk about his confirmation, we also need to talk about this frog walk that the opposition is making us go through to get these nominees confirmed in this Cabinet. This is taking the longest time to confirm a Cabinet since George Washington.

We see extreme delays, longer delays than we have seen at any time since the first President was in office. Imagine if Hillary Clinton was President right now. Imagine. Imagine if Republicans in the Senate were doing what the people across the aisle are doing today. Imagine if we were delaying her Cabinet nominees to the point where we are now confirming them at a pace slower than any time since George Washington was in office in 1789.

Imagine. Imagine how the mainstream media would be screaming about that story and how it would be a very different story than what is being told today. This last week, the Senate demonstrated exactly the type of behavior that folks in my home State of Georgia, and I must say around the country, are absolutely fed up with and sick and tired after.

They know this is exactly why Washington is gridlocked and why we are not getting results for the American people. We are wasting time. People are out of work. The other side says this is very real. Of course it is very real. It is time to move on. We have a new President. Put his team in place. The American people are being hurt by and paying attention to this failure of responsibility.

Real results can only be achieved if Washington politicians prioritize the well-being of Americans, rather than their own individual political careers and their next election cycle. The minority party is well within their rights, of course, to dissent and oppose the President's nominees on solid ground. Republicans have done that in the past, but at no time in history have we seen this sort of frog-walk delay being perpetrated on the people of America.

They are using the rules of the Senate inappropriately, in my mind, to slow down and bring to a halt the confirmation process of a President they don't support. No President since George Washington has had to endure this sort of historic delay, obstruction, and slow-walking we have seen here since President Trump was inaugurated.

If the minority party had its way, all Cabinet-level nominees would not be confirmed until June or July of this year. By the way, that is one-eighth of the first term of this President—12 percent is being wasted right now—if, in fact, the Republican leadership in this Senate were not doing what it is doing. The minority party knows it can't stop any of these nominees on their own

merits individually. So they are grinding the entire process to a halt using procedural delays. This is a clear abuse, in my mind, of the intent of the rules to protect the minority, authored by James Madison. To combat that, the Republican leadership has kept the doors of the Senate open 24/7. The people of America should know that we are here doing their business and doing their bidding to make sure we proceed as fast as we can to the confirmation of this President's nominees.

We have to move past these delays perpetrated by the minority party intended to do nothing but to delay the potential impact of this new President. It is time to get results. The American people have spoken. President Trump has named his team. He is ready to get to work. He is already showing that he is willing to move at a business pace, not a government pace.

The people in Washington, looking at this President through the lens of the political establishment, are having a hard time dealing with him, but I have to say, the quality of nominees is something we have not seen for decades, if ever. It is time to put these people in their responsible positions and let them go to work. He is already moving at a pace that we have not seen in many Presidencies.

Like me, President Trump came here to focus on getting results and changing the direction of the country. He has a plan to do just that. We need to get on with that business, debate those issues, come to some conclusion, compromise where necessary, but get government moving, as the Senate has done for every previous President.

We should confirm this President's nominees now and spend our time debating those critical issues that will get our country moving again, to change the direction of our country, to put people back to work. Things like growing our economy, updating our antiquated tax system, unleashing our full energy potential, updating our antiquated and unnecessary regulatory regime, fixing the broken budget process, changing our outdated immigration system, saving Social Security and Medicare, and, yes, addressing the spiraling health care costs that, no, the Affordable Care Act did not even attempt to address.

The American people elected a new President. That President has named his slate of potential nominees to be Cabinet members. It is time to cut the foolishness and get down to business.

I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, my distinguished friend, Senator PERDUE, is actually right. There is something unprecedented going on around here with these nominations, but it is not the Democratic effort to try to make sure that those nominees get a fair hearing and some light on them before they get into office.

What is unprecedented around here with these nominees is, first of all,

what a hash the Trump administration made of getting them ready. They were not ready to go. They were not prepared for the ethics reviews. They were dead in the water, and they have a lot of responsibility just in terms of the simple incompetence of getting a Cabinet ready to go.

That is not the Senate's fault. The Senate should not roll over in its advice and consent role because an executive branch can't prepare nominees. Then you get behind the incompetence of the executive branch in preparing nominees and you start looking at the nominees.

What else is unprecedented about them is the huge array of conflicts of interest they bring. We have never seen anything like this. We call it the "swamp cabinet" because it is, in fact, swampy with conflicts of interest. Many of these candidates have such massive financial complexities—because it is billionaire after billionaire after billionaire—that they have had to do all sorts of business contortions to try to get ready for their appointment.

That also is not our fault. That actually makes our responsibility greater so we can do our constitutional job in the Senate, as providing advice and consent, to look at potential conflicts of interest. It is part of why we have advice and consent, so we can screen for that. When we are not getting disclosure, we can't even do that.

There are still disclosure gaps for a lot of these nominees. The controversy and special interest connections of some of them are, frankly, appalling. So there are, indeed, nominees whom we would love to stop. If we could stop them, we would do it because we think they are going to do damage to the American people; damage to Medicare, which seniors rely on; damage to Medicaid, which so many sick kids rely on; damage to clean air, which I think everybody tends to rely on if they breathe; damage to clean water, which fishermen and sailors and people count on across the country. It is not a question here of doing the people's business, it is a question of trying to prevent these people from giving the people business because this looks like the special interest Cabinet of all time. If you go down one by one through the civilian Cabinet, you can more or less pick who the most influenced special interest is, the one who is most harmful to the American people in that particular area, and bingo, there is your nominee. So we should not slow down the advice and consent process just for the sake of slowing down the advice and consent process, but we should slow down the advice and consent process when we are not getting the basic information necessary to do our jobs, and we should slow down the advice and consent process when we are handing over agencies of government to big special interests. Those are two very good reasons to have the Senate's noble tradition of advice and consent followed scrupulously.

As to the nominee for HHS, Dr. PRICE, he is right in that list. He has conflicts of interest. He has real harm that he proposes to the American public.

I think Medicare is one of the great things the United States has done. It is one of our signal achievements. It has lifted seniors out of poverty in a way that very few other countries can match and that the United States had never seen before we did Medicare. It is probably the most efficient health care delivery system in the United States of America, and our seniors count on it and love it.

That is not good enough for the good Dr. PRICE, though. He wants to voucherize Medicare. What do you do if you are a Medicare patient who is elderly and infirm? How do you go shopping for health insurance? I can remember when I was quite capable as a fit lawyer, and I was given the H.R. forms by the U.S. attorney's office to make my choice. It is a complicated mess. And you expect some woman who may be in a hospital bed to sort through that? Great job giving her a voucher. It is just so unfair and so wrong.

Medicaid. Children across Rhode Island depend on Medicaid. If you are a family and you have a child with a significant illness, you are very likely to have that support for that child come through the Medicaid Program. This is a man who wants to block-grant Medicare and projects trillion-dollar cuts—trillion-dollar cuts? Who is going to make up the trillion dollars if we are not taking care of these kids? Is it going to go back to the families or the care just isn't going to be there for the Medicaid children? That is just wrong.

These are ideological candidates who want ideological victories that will hurt real people like Henry, from Warwick. A woman named Lisa wrote to me. She is a teacher and lifelong resident of Warwick, RI. She has a son, Henry. Henry was just born last year, and before he was even 1 month old, Henry was diagnosed with cystic fibrosis.

Cystic fibrosis, as I am sure we all know, is a genetic disorder. It affects more than 30,000 people in the United States, and it is one of the crueler diseases on the face of the planet. As cystic fibrosis progresses, it can cause infections, it causes difficulty breathing, and eventually it renders the child unable to breathe and respiratory failure results. There have been important advances and treatment for this disease, but there is no cure.

So Henry needs regular tests and treatment. He will need them for the rest of his life as doctors fight to extend his life as long as they can in hopes that a cure will arise. His parents are extremely grateful for the wonderful work of our doctors at Hasbro Children's Hospital who take care of Henry. But Lisa and her husband are also worried about their health insurance, and Henry's, because

Henry has a preexisting condition. If Secretary Price were to have his way, the Affordable Care Act would be repealed, and without it there would be no protection for people like Henry—a child like Henry with a preexisting condition. Either he would face outrageous health care premiums or be denied coverage altogether. Since then, having to face the scrutiny of confirmation, he has said: Oh, no, that part we are going to try to save. But when you go through the parts that my Republican friends are going to try to save, you end up with pretty much the whole bill. If you are going to try to save every part of the bill, why bother repealing it? Why not make it better and move on?

How irresponsible it was to say, “Repeal,” when all these points were in it. When repeal was the great mantra, nobody said: “Repeal. Oh, but not that.” “Repeal. Oh, but let’s protect the seniors from the doughnut hole.” No, it was just “Repeal ObamaCare. Repeal ObamaCare.” Frankly, chanting “Repeal ObamaCare” I think is about as disqualifying to lead Medicare and Medicaid as chanting “Lock her up” would be to be Attorney General of the United States.

Catherine is a constituent of mine who lives in Cranston. She is a breast cancer survivor. She owns a small family business. Her family had health insurance before the Affordable Care Act, but their insurance company decided that their little company had too few employees to qualify as a small business, and it dropped them from their coverage. So it was thanks to the Affordable Care Act that Catherine and her husband could get affordable and quality health insurance through our exchange that we call HealthSourceRI. With this coverage, they go on about their business. They don’t have to worry about whether their insurance company is going to change the rules and pitch them out again. Catherine and her husband tell me they don’t understand how anyone could say they support small business and want to repeal the Affordable Care Act.

Timothy wrote to me. He is a freelance writer in Rumford, RI. He has affordable health care for the first time in his life. There is no big company to help you if you are a freelance writer; you are on your own. But the Affordable Care Act has been there for Timothy. He has multiple chronic health conditions that require medication. Before he had coverage under the Affordable Care Act, Timothy was hospitalized for a heart problem. He couldn’t afford the resulting hospital bills. Without health insurance, he couldn’t pay for his prescriptions. Having health insurance, Timothy told me, has changed his life. He feels dignity, he feels peace, he feels assurance, and a lot of that is simply the reassurance that you can afford the medications you need to stay healthy. His chances of having to be hospitalized in the future are down. If the ACA is repealed,

Timothy may be forced to forgo care that he needs, endangering his health, and potentially, by the way, costing the system a lot more.

Martha, who lives in Cranston, RI, knows well the dangers of being uninsured. Before the Affordable Care Act, Martha went several years without health insurance, gambling that she could get away with it because she couldn’t afford it. A gall bladder infection required emergency surgery. She was taken to the hospital, the surgery was performed. It went well, but she was left with a \$60,000 hospital bill. Unable to pay the bill, she declared bankruptcy.

Now she can have coverage, and by the way, when the hospital has to do the surgery, it gets paid with her insurance. That is why the American Hospital Association and the Hospital Association of Rhode Island are saying: Don’t repeal ObamaCare. That would be reckless.

Martha and her husband and her 24-year-old son have all been able to purchase insurance through the Rhode Island exchange. By the way, our exchange is doing great. People may complain about exchanges in other States. We are seeing costs steady; we are seeing costs going down. One of our major insurers, Neighborhood Health Plan of Rhode Island, is advertising on TV. Whoa. Our rates are going down, and their coverage is fine, and Rhode Island is a success story under the Affordable Care Act. The \$283 per month that Martha and her family now pay in total for insurance certainly beats the \$500 a month that she and her husband each faced for individual coverage before the ACA.

Paula wrote to me from Cranston about how the Affordable Care Act has helped her and her husband bridge the gap until they get to the safe haven, finally, of Medicare. Paula is 63 years old. She works part time. Her husband who is 64 years old and retired has health insurance through our exchange, HealthSourceRI. Paula has beaten breast cancer once, but she is at high risk of recurrence.

If the Affordable Care Act is repealed, Paula would be at risk to lose her health insurance and the ability to have tests that would help her catch a recurrence of cancer in time. Paula and her husband worked hard and saved well, but as Martha’s story shows, one illness can wipe you out if you don’t have health insurance, and they are so content and comforted knowing they have a good health insurance plan through our exchange.

Travis is a social worker in Providence. He provides psychotherapy and counseling to recovering addicts who are receiving medication and assisted treatment. This is a particularly touching point in Rhode Island because we lost 239 Rhode Islanders to opioid-related overdoses last year. That is 239 fatalities in Rhode Island last year.

The Affordable Care Act, Travis believes, is the reason that many of his

patients are actually able to get care and stay away from the risk of overdose. He wrote of his patients, many of them never accessed methadone treatment prior to the passage of the Affordable Care Act, let alone sought treatment for their psychiatric conditions which may underlie the substance abuse disorders. By the way, a recent report came out that said if you repeal the Affordable Care Act and its coverage requirements for mental health and substance abuse, you pull about \$5.5 billion worth of coverage out from American families. Is that really what this Congress wants to be responsible for doing? I certainly hope not, not after all the fine statements we heard about the Comprehensive Addiction and Recovery Act and the funding for it.

Let me make one last point because I see the Senator from Michigan here and I know she wants to add her thoughts. You can talk about the personal stories, and it shows how poignant and important having the Affordable Care Act around is in the lives of real actual people, but we also have to deal with budget issues in Washington, and I just want to show this chart.

This chart shows the spending projections for Federal health care spending. The red line on the top was the projection in 2010 done by the CBO, the Congressional Budget Office. In 2010, they said: Here is how we think our spending is going to be in Federal health care. They predicted that. Then they came back and they did another prediction in 2017.

One thing that happened is that after the passage of the Affordable Care Act back here, we came in well below predicted expense for Federal health care. We saved a lot of money in that period. Then when they rebooted the prediction in 2017, they started off actual and they did a new prediction right here. The difference in this 10-year period in Federal health care costs between what they expected to have happen in that 10-year period before the Affordable Care Act came along and what experience and the new projections show the savings are since the Affordable Care Act are \$3.3 trillion—\$3.3 trillion—and we have this person who wants to be the Secretary who wants to cut the program? We are saving money in the program under this. It doesn’t make any sense fiscally, and it is cruel to the individuals and families who have found comfort and peace and security from the Affordable Care Act.

So I will leave us with that, but if we are going to be responsible about doing something about our outyear health care costs, find me something else that shows \$3.3 trillion in savings during the period of 2017 to 2027, over 10 years. For these costs, we sometimes look out 30 years, and that number would grow even greater. We have saved trillions of dollars as a result of the Affordable Care Act, and CBO shows it.

Thank you very much. I yield the floor.



The PRESIDING OFFICER (Mr. YOUNG). The Senator from Michigan.

Ms. STABENOW. Thank you very much, Mr. President.

The decisions made by the next Secretary of Health and Human Services will affect all of us, and that is why we are here. That is why we have spent so much time and will continue to talk about the issues. This is not personal with the individual, this is about everyone in our country and how they are impacted by the ideas and the policies of this individual as well as the person who has nominated him.

This particular individual has a very clear record as to what he believes should happen as it relates to Medicare and Medicaid, and our entire health care system. More than 100 million people rely on programs like Medicare—seniors, people with disabilities on Medicare. With Medicaid, the majority of money spent through the Medicaid health care system goes to seniors in nursing homes. That is where the majority of dollars go, long-term care for seniors. So Congressman PRICE's ideas, his proposals, the things he has pushed in the House matter because they show us what he believes should happen to Medicaid and to Medicare.

We need to make sure the next Health and Human Services Secretary will fight for the health care of families in Michigan—at least I need to be sure. That is where my vote goes, based on what is best for families in Michigan. That is what is best for our communities, rural communities, where the hospital, like where I grew up in Clare, was the largest employer in the community, greatly affected and impacted by what happens to Medicare and Medicaid funding. If the hospital is not there, chances are the doctors aren't there either or the nurses. Our larger communities are where, obviously, our hospitals are critically important as well.

So when we look at communities and hospitals and doctors, families, children, seniors, and the broad economy—and, by the way, one-sixth of the whole economy in our country is connected to health care. So who is in charge as Secretary of Health and Human Services is a big deal. That is why we have focused so much on this individual, his policies, his ideas, and his own background as well.

As we have gone through the confirmation process, it is clear to me that Congressman PRICE's policies do not—do not—have the best interests of the people I represent in Michigan at heart, which is why I will be voting no on his confirmation.

I have heard from thousands of people around Michigan. I have heard from people who like our hospitals and live in the community, and businesspeople and nurses and doctors with great concerns. I have also heard from people around the country and have helped to lead a forum for people to come and speak, people who were not invited into the actual hearing for the confirmation

hearing. I thought it was important, as did my Democratic colleagues, to have a forum where people could speak about the ideas, the bills, the policies that Congressman PRICE has passed in the House of Representatives.

So we heard a lot of stories and, overwhelmingly, people were opposed to this nominee.

One of the people who shared her story was from Michigan. I was very appreciative that she came in from Michigan. Ann was diagnosed with multiple sclerosis when she was 4 years old. It resulted in functional quadriplegia. She has limited use of her right arm and no use of her left arm. She was fortunate to have strong employee benefits and to be covered until she went on Medicare at 65. By the way, this nominee thinks the age should go up—66 or 67, I am not sure how far. But Ann made it to 65 and, like so many people I know, was holding her breath to get there so she could have comprehensive quality health care that she paid into her whole life called Medicare.

Over the course of the last few decades, the price of her prescription drugs have skyrocketed and would cost her tens of thousands of dollars a year without Medicare and Medicaid. For her, the decision about our Health and Human Services Secretary makes an enormous impact on her life.

She told us: Without Medicare and Medicaid, things would have been very different for my family. I don't know how I could have cared for my mom on top of managing my own care. My family would have lost our home, all of our savings, trying to keep up with the bills. So many families are squeezed like ours, having to afford care for their aging parents and their own care, or childcare at the same time. But with support, we don't have to suffer to just be alive.

If these programs are cut, if we see the kinds of proposals on Medicare and Medicaid that Congressman PRICE has put forward in the House, in the Budget Committee, people will face more catastrophes than ever before.

Our new President campaigned on a promise not to cut Medicare and Medicaid. He said himself: "I am not going to cut Social Security like every other Republican, and I am not going to cut Medicare and Medicaid." But it doesn't square with the person he has nominated for this critical position, who will be making administrative decisions as well as leading his efforts on health care. So actions speak louder than words, at least that is what we say in Michigan.

Just this fall, Congressman PRICE said he expects Medicare to be overhauled—overhauled within the first 6 to 8 months of Trump's administration. He also believes the age of eligibility needs to increase—his words—and that "the better solution is premium support." What does that mean? That is another word for voucher. Some people say privatization. But basically instead of having an insurance card and a

health care system where you can go to the doctor and know that you are covered with insurance, you get some kind of a voucher or an amount of money, and then you would be able to go find your own insurance, I guess, or figure out a way to pay for your insurance.

Before Medicare, seniors were trying to figure that out and couldn't find affordable insurance in the private market, which is why, in 1965, Medicare was created. There is no way in the world I will support going backward to that kind of approach.

As chair of the Budget Committee, Congressman PRICE proposed a budget that would have cut Medicare by nearly \$500 million, not counting what he wants to do with Medicaid, the majority of which goes to fund senior citizens in nursing homes.

We need to have a Secretary who supports making it easier and more affordable for people to get care, not less.

Let's talk about health care for a moment in the broader sense. We know more and more people—some 30 million people—would be affected, their health insurance ripped away, if the repeal is passed that has begun—the process has begun by Republicans in the House and in the Senate. The Affordable Care Act has provided health care and the opportunity for people to get care for children to be able to see a doctor. There are parts of the country where we need more competition, where prices are too high. I want very much to work on that. I am committed to working to make that system better, and we can do that without ripping the entire system apart.

There is also another part of the Affordable Care Act that affects every single person with insurance—things that I know have made a tremendous difference to anybody with employer-based insurance; first of all, being allowed to have your child on your insurance until age 26; secondly, knowing that if you get sick, you can't get dropped by your insurance company, and if you have a chronic disease, something has happened to your health, you can't be blocked from getting insurance; and we also know things like making sure you can get all the cancer treatments your doctor says you need, not just those up to the cap that the insurance company will pay for. I had pediatric cancer physicians tell me they have been able to save children's lives who have cancer because there was no longer a cap on the amount of care.

Mental health and substance abuse services, where if they were covered at all before the Affordable Care Act, it always cost more money: higher copays, higher premiums. Now you can't do that. You have to have the same kinds of copays and the same kinds of premiums.

So many patient protections have basically said to insurance companies: You don't get, just based on profits, to decide what is going to happen; that when you buy insurance, you actually

get health care. And that is something true for everyone today.

So we have a Secretary nominee who supports doing away with all that, changing all that, who is not someone who is interested in having a basic set of services identified in health care, like maternity care. I talked with him, questioned him in the Finance Committee. This is an area I had championed when we passed the Affordable Care Act to make sure that basic services for women were viewed as basic services in health care, and it starts with prenatal care and maternity care. Prior to the Affordable Care Act, it was very hard to find private insurance that covered maternity care, unless you wanted to pay for—some 70 percent of the plans out in the private market require women to pay more. So I asked Congressman PRICE, did he believe maternity care was a basic service and should be covered under basic insurance. He said: Well, women can purchase that if they need it, which is exactly what happened before—which is, no, it is not basic care, but you can purchase it on top of your regular premium, if you need maternity care.

So right now the law says you can't discriminate and charge women more than men, and in fact being a woman is no longer a preexisting condition.

But the person whom the President has nominated for Health and Human Services would take us back there, and he would take us back there on a whole range of areas that create access for people to be able to have the care they need.

Here is an example from a doctor in west Michigan who wrote me regarding just basic medical care for someone in need. He said:

In December, a young man arrived in our emergency room with a badly mangled hand from a machining accident. He knew the hand was seriously injured and was willing to allow his coworker to bring him into the hospital so that it could be stitched up. When our physician studied the wound, they knew he needed surgery to repair the bone and blood vessel damage. The patient refused, thinking the only thing he could possibly afford was stitches.

They then connected this man with a financial services specialist who took a few minutes to find out that he was eligible for Medicaid, working; now, because of the expansion, able to receive health care under Medicaid. He was then able to get the surgery he needed.

Beaumont physicians said that if the surgery hadn't happened, the man could have had an open wound for an indefinite amount of time, been prone to infection, and possibly lost his hand entirely, making him unable to ever work at his job or maybe any job again.

Expanding Medicaid health care to working people is a good idea, and millions of people have been impacted and have been able to get the care they need for themselves and for their children.

Access to health care saved this man's arm and possibly his life, and

that is really what is at stake here, both with this nominee and the larger debate on where we are going to go in our great country on the whole issue of health care.

We all know that the advice of the Secretary of Health and Human Services will be a strong influence on the President's decision to promote, to sign, to veto legislation. We know he has the ability administratively to do a number of things—to cut off care, to cut off access to women's health care, to change the system that we have now, to destabilize it so that the Affordable Care Act will not work. I am extremely concerned that because of Congressman PRICE's record and his actual proposals and decisions and votes, he will be willing to actually do that. Whether it is cutting Medicare or Medicaid or removing some of the critical policies that keep people healthy and care affordable, I am deeply concerned about the decisions this nominee will make and the recommendations he will make to the President of the United States.

Again, we don't have to speculate about this. He has put these plans on paper. He has supported them. He has passed them. It is very clear. We don't have to guess where he wants to go: to dismantle Medicare as we know it, to gut Medicaid, most of which goes for seniors in nursing homes, and to unravel the entire health care system and the patient protections that every American who has insurance has right now that allow them to get the health care they are actually paying for.

I need to raise one other thing because this is very serious and goes to serious issues surrounding conflicts of interest and likely ethics violations that relate to this nominee.

There are a lot of unanswered questions and serious concerns related to Congressman PRICE's investments in health care and pharmaceutical companies. Frankly, he misled the Finance and the HELP Committees with answers to questions, and just the night before he was to have a confirmation hearing and vote, we learned from company officials that he got a privileged offer to buy stock at a discount. In other words, he got a special deal on health care stock. He told us he had not; they had paid fair market value, even though it was already an issue that he had purchased stock and then put legislation in related to similar companies or the same companies involved. But then we found out it was even worse because he got a special deal.

As Democrats, we asked for answers. We did not want to move forward without asking the Congressman to come back before us so we could ask questions about what he had said to the committee versus what the business that sold him the stock said afterwards. Unfortunately, that did not happen, requiring the Finance Committee to be in a situation where the rules ended up being broken and the nomina-

tion was forced through the committee without having bipartisan participation.

I have a number of concerns related to the ethics and possible legal violations of this nominee. On multiple occasions, he did purchase stock within days of introducing legislation that would have affected that company's bottom line and his investment. Despite multiple requests over several weeks, we still don't have the answers and, more importantly, the American people don't have the answers from the person who will oversee health insurance, oversee Medicare, Medicaid—the entire system. Someone who has invested and then helped the same companies indicated he didn't get a special deal, and now we have information that says otherwise. I think that is very concerning and should have been addressed before we were asked to vote on this particular nominee.

There are a number of reasons—policy, track record, questions that have been raised that I find extraordinary that they haven't been answered and shocking that folks haven't felt they should be answered at this point. But for many reasons, it is my intention to vote no on behalf of the people in Michigan who care deeply about a strong, effective Medicare system, about making sure Medicaid is there for our children as well as our seniors and nursing homes, and for everyone who believes that in this great country, all should have the ability to see a doctor and get the medical care you need for your child or yourself.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. FRANKEN. Mr. President, my understanding was that the Democratic leader wanted to come and speak for 5 minutes between Senator STABENOW and myself. But he is not here, so I am going to speak.

Before I start my remarks that I have prepared, I want to say something specifically to the Presiding Officer because he is a new Senator from Indiana.

I read a front-page article in the New York Times just a few weeks ago. It featured Indiana University Hospital and the health physicians there. It was an article about the savings and the delivery reform that have been driven by the Affordable Care Act, things that will be staying with us even if this is repealed, which I hope it isn't. But this is a quote I would like to read for the Presiding Officer from Dr. Gregory Kira, cochief of primary care, Indiana University Health Physicians.

I would ask the Presiding Officer for his attention for a second. This is what it says: "I've been a registered Republican my whole life, but I support the Affordable Care Act," said Dr. Gregory C. Kiray, co-chief of primary care for IU Health Physicians, "because it allows patients to be taken care of."

I admit, I didn't have 49 others for every State, but I had remembered reading this.



On February 3, 2009, Tom Daschle, President Obama's nominee for Secretary of Health and Human Services, withdrew his nomination because he hadn't paid his taxes on his car service. On January 9, 2001, Linda Chavez, President George W. Bush's nominee for the Department of Labor, withdrew her nomination after questions were raised about her decision to shelter an undocumented immigrant. Most recently, Vincent Viola, President Trump's nominee to be—

Would the leader like me to yield to him for a few minutes?

Mr. SCHUMER. That would be great.

Mr. FRANKEN. Really?

Mr. SCHUMER. I would appreciate it.

Mr. FRANKEN. Would that be good for me and my career?

Mr. SCHUMER. Your career is so great, you don't need me.

Mr. FRANKEN. Well, I am going to yield to our leader in just a moment, when he manages to get there, and it will be the esteemed Senator from New York, CHARLES SCHUMER. I will narrate as he is stepping over there, walking now to the podium—the leader, whom I will yield to.

Mr. SCHUMER. First, let me thank my colleague from Minnesota.

The PRESIDING OFFICER. The Democratic leader.

Mr. SCHUMER. And I meant what I said: He doesn't need any help. He does it so well on his own. So I will regard this not as a quid pro quo—although he can get what he wants—but as an act of kindness and generosity.

Mr. President, I rise this evening to oppose the confirmation of Representative TOM PRICE to be Secretary of HHS and urge my colleagues to vote no on his nomination.

Representative PRICE might be the quintessence of President Trump's Cabinet: a creature of Washington, deeply conflicted, and far out of the mainstream when it comes to his views on health care.

Like other nominees, philosophically he seems completely opposed to the very purpose of his Department: the good governance of the health programs that cover tens of millions of Americans.

Candidate Trump promised he would not cut Medicare or Medicaid, but Congressman PRICE has spent his entire career trying to cut Medicare and Medicaid and dismantle the Affordable Care Act. Just listen to these quotes:

The nominee for Secretary of Health and Human Services has said, "Nothing has had a greater negative effect on the delivery of health care than the federal government's intrusion into medicine through Medicare." That one might have come out of the 1890s, if we had had Medicare then.

He said he expects lawmakers to push forward with an overhaul of Medicare, "within the first six to eight months" of this new administration. Does that sound like someone who doesn't want to cut Medicare and Medicaid? It doesn't to me. It doesn't to the Amer-

ican people. In fact, if you could pick someone who in either House of Congress was most likely to cut Medicare and Medicaid, you would pick Congressman PRICE. It could not be more of a contradiction to what Candidate Trump promised in the campaign.

So here is what worries me: From what I know of the President, he will cede great authority to Cabinet officials, content to jump from one topic to the next, one tweet to the next. I would put much greater stock in Representative PRICE's record than anything the President promised during the campaign, and that is very bad news for seniors and the American people generally.

For that reason, every American who receives benefits from those programs—the millions of American seniors, women, families, and people with disabilities—should be gravely concerned about what the tenure of a Secretary TOM PRICE will mean for their health.

Make no mistake, in the dark hours of the early morning, with the confirmation of Secretary Price, the Republicans launch the first assault in their war on seniors. The war on seniors begins when we select Representative PRICE over our votes as Secretary of Health and Human Services.

When it comes to the health care of older Americans, confirming Representative PRICE to be Secretary of HHS is akin to asking the fox to guard the henhouse. It has been revealed that in his time in the House, Representative PRICE engaged in a number of questionable practices related to the trading of stocks in issues that his legislation impacted. There are many instances.

There were reports late last year that Congressman PRICE had traded stocks in dozens of health care companies valued at hundreds of thousands of dollars during a time when he introduced, sponsored, or cosponsored several pieces of legislation that potentially impacted those companies. In one instance, Congressman PRICE bought shares in a medical device manufacturing company just days before introducing legislation in the House that would directly benefit that company.

These were far from isolated incidents. Just yesterday, USA Today reported that Congressman PRICE "bought and sold health care company stocks often enough as a member of Congress to warrant probes by both federal securities regulators and the House ethics committee."

These allegations alone might be enough to sink a nominee in another administration, but it seems this Cabinet is so rife with ethics challenges and conflicts of interest that Representative PRICE's conduct in the House doesn't place him too far outside this unethical norm. But that should be no excuse. When you are a Congressman or a Senator, you must endeavor to avoid even the hint of a conflict of in-

terest, let alone a situation where you are actively trading stocks that may be impacted.

So this is a sad evening. The war on seniors by the Trump administration begins when we confirm Representative PRICE. People will look back and say that the public war on seniors began at 2 a.m. Friday morning when the Senate, unfortunately, confirmed Representative PRICE.

I urge my colleagues to vote no.

I yield the floor and once again thank my colleague.

Mr. FRANKEN. Thank you, Mr. Leader.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. FRANKEN. Mr. President, I have to start this over fresh. I don't know if the CONGRESSIONAL RECORD needs to have this first half paragraph twice, but so be it.

On February 3, 2009, Tom Daschle, President Obama's nominee for Secretary of Health and Human Services, withdrew his nomination because he hadn't paid his taxes on his car service. On January 9, 2001, Linda Chavez, President George W. Bush's nominee for the Department of Labor, withdrew her nomination after questions were raised about her decision to shelter an undocumented immigrant. Most recently, Vincent Viola, President Trump's nominee to be the Secretary of the Army, withdrew his nomination after it proved too difficult for him to distance himself from his business ties.

Congressman PRICE's conflicted financial investments and his affiliation with conspiracy-theory-peddling extremists should be enough to disqualify his nomination. On top of that, Congressman PRICE's policy agenda squarely contradicts what the majority of the American people want and the key promises President Trump made during his campaign. It is, frankly, hard to believe that we are seriously considering someone who has advanced policies that would privatize Medicare, gut Medicaid, and rip coverage away from millions of Americans.

For all of these reasons, I strongly oppose Congressman PRICE's nomination for Secretary of Health and Human Services.

Let's take these issues one by one.

First, Congressman PRICE's stock trades. Public documents show that between 1993 and 2012, Congressman PRICE owned shares in tobacco companies worth tens of thousands of dollars. At the same time, Congressman PRICE voted against landmark legislation in 2009 that gave the Food and Drug Administration the authority to regulate tobacco and bring down the death toll inflicted by tobacco products. That means Congressman PRICE, a physician who swore to uphold the Hippocratic oath of "do no harm," voted against public health and for Big Tobacco. This is the person who is slated to become the next Secretary of Health and Human Services, someone who personally profited from increased sales of deadly, addictive products.

When asked about this during his hearing in the Health, Education, Labor, and Pensions Committee, Congressman PRICE's best defense was that his broker made the stock trades on behalf without his knowledge.

Here is the problem with that defense:

First, Congressman PRICE annually reported his financial holdings, signing off on documents acknowledging his investments in tobacco companies, meaning that he would have knowledge of the fact that his vote to block tobacco regulation could have a direct financial benefit to him.

Second, these were not investments in diversified funds; these were individual stocks that he owned for nearly 20 years and that he reported paid him dividends. Let me repeat that. Congressman PRICE, medical doctor, owned individual tobacco company stocks that paid him dividends.

Owning tens of thousands of dollars of tobacco stocks while voting to help tobacco companies was not Congressman PRICE's only questionable investment. In late December, the Wall Street Journal reported that over the past 4 years, Congressman PRICE has traded stocks worth more than \$300,000 in about 40 health-related companies while at the same time serving on the House Ways and Means Committee, where he drafted and cosponsored legislation that could affect his investments.

Let's talk about one example that is particularly troubling. Congressman PRICE made his largest ever stock purchase in a company called Innate Immunotherapeutics, a small biotech company based in Australia. This is a company that has only one experimental therapy in the early stages of testing, has never generated revenues from drug sales. It is not exactly a household name. How did Congressman PRICE get in on this sweetheart deal? He was told about Innate by Congressman CHRIS COLLINS, who, in addition to being a Member of the House of Representatives, serves on the board of directors for Innate Immunotherapeutics and is the company's largest shareholder.

The Wall Street Journal reported that Congressman PRICE was part of a small group of fewer than 20 U.S. investors who participated in the private stock sale. The New York Times and the Buffalo News reported that many of those people had close ties to Congressman COLLINS, including COLLINS' chief of staff, a prominent DC lobbyist, and several of Congressman COLLINS' campaign contributors.

On August 31, Congressman PRICE reported that as part of this special private stock sale, he bought about 400,000 shares of Innate stock for as little as 18 cents a share. That same day, the stock was trading on the Australian Stock Exchange for the equivalent of 31 cents per share. That is a 42-percent difference—42 percent below the market price—and Congressman PRICE now

stands to make a profit of more than \$200,000. That is quite a stock tip.

Richard Painter, George W. Bush's chief ethics lawyer, describes PRICE's stock trades as "crazy. . . . We wouldn't have put up with anybody in the Bush administration buying and selling health care stocks." Painter went on to explain that "if you, as a member of Congress, buy and sell health care stocks at the same time you are possessing non-public information about that legislation, you are taking the risk of being charged with criminal insider trading."

Let me repeat that. Mr. Painter, who was George W. Bush's chief ethics official, suggested that Mr. PRICE's actions risk a criminal insider trading charge.

Congressman PRICE could have directed his broker to stay away from tobacco stocks. He could have directed his broker to stay away from health care stocks or individual stocks altogether given that health care was one of his legislative priorities. But he did not. Why would Congressman PRICE take this risk?

My colleagues and I have sent Congressman PRICE a number of letters asking for more information about his stock trades and investments. If this is all aboveboard, then Congressman PRICE should have nothing to hide. I also submitted questions for the record as a member of the HELP Committee. In response to all of these questions, I have received nothing. It makes no sense that his nomination has been brought to the floor despite his refusal to respond to committee questions.

Congressman PRICE has demonstrated a lack of judgment with his stock trades and now is stonewalling the committee, refusing to answer our inquiries, but Congressman PRICE's questionable stock trades aren't the only area raising red flags.

My second set of concerns stems from Congressman PRICE's longstanding association with conspiracy-peddling, anti-science extremists. For more than 25 years, Congressman PRICE has been a dues-paying member of the Association of American Physicians and Surgeons. He has spoken at the organization's conferences and even described the organization's executive director as one of his personal heroes. This organization is way out of the mainstream. It promotes anti-vaccine pseudoscience and denies the scientific fact that HIV causes AIDS. It is an organization that blames "swarms" of immigrant children for disease and has published scientifically discredited theories linking abortion to breast cancer. At one point, it even accused President Barack Obama of hypnotizing voters with "neuro-linguistic programming."

Let me repeat that. It accused President Barack Obama of hypnotizing voters with "neuro-linguistic programming."

That is not all. The statement of principles for the Association of American Physicians and Surgeons has an entire section devoted to urging doc-

tors to refuse to participate in Medicare, in which it says the effect of such government-run programs is "evil, and participation in carrying out his provisions is, in our opinion, immoral." Congressman PRICE—the person poised to become the next Secretary of Health and Human Services, the person responsible for leading Medicare—has been an active, engaged member of this organization for 25 years.

Just in case you don't think he has bought into these ideas, let me read you what Congressman PRICE wrote in 2009 in an op-ed: "I can attest that nothing has had a greater negative effect on the delivery of health care than the federal government's intrusion into medicine through Medicare."

Since Congressman PRICE will not answer my questions, I will pose this to one of my Republican colleagues: How are the American people supposed to trust Congressman PRICE as Secretary of Health and Human Services given that he has belonged to an organization for over 25 years that has such blatant disregard for science and a propensity for putting partisanship and ideology above evidence?

Lastly and most importantly, the policy reforms that Congressman PRICE has put forward are so extreme that they should be disqualifying in and of themselves. As an editorial recently published in the New England Journal of Medicine stated, "As compared with his predecessors' actions, PRICE's record demonstrates less concern for the sick, the poor, and the health of the public and much greater concern for the economic well-being of their physician caregivers." That is from the New England Journal of Medicine.

Mr. President, I ask unanimous consent to have the article printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the New England Journal of Medicine; Jan. 12, 2017]

CARE FOR THE VULNERABLE VS. CASH FOR THE POWERFUL—TRUMP'S PICK FOR HHS

(By Sherry A. Glied, Ph.D. and Richard G. Frank, Ph.D.)

Representative Tom Price of Georgia, an orthopedic surgeon, will be President-elect Donald Trump's nominee for secretary of health and human services (HHS). In the 63-year history of the HHS Department and its predecessor, the Department of Health, Education, and Welfare, only two previous secretaries have been physicians. Otis Bowen, President Ronald Reagan's second HHS secretary, engineered the first major expansion of Medicare, championed comparative effectiveness research and, with Surgeon General C. Everett Koop, led the fight against HIV-AIDS. Louis Sullivan, HHS secretary under President George H.W. Bush, focused his attention on care for vulnerable populations, campaigned against tobacco use, led the development of federally sponsored clinical guidelines, and introduced President Bush's health insurance plan, which incorporated income-related tax credits and a system of risk adjustment. In their work at HHS, both men, serving in Republican administrations, drew on a long tradition of physicians as advocates for the most vulnerable, defenders of

public health, and enthusiastic proponents of scientific approaches to clinical care.

Tom Price represents a different tradition. Ostensibly, he emphasizes the importance of making our health care system “more responsive and affordable to meet the needs of America’s patients and those who care for them. But as compared with his predecessors’ actions, Price’s record demonstrates less concern for the sick, the poor, and the health of the public and much greater concern for the economic wellbeing of their physician caregivers.

Price has sponsored legislation that supports making armor-piercing bullets more accessible and opposing regulations on cigars, and he has voted against regulating tobacco as a drug. His voting record shows long-standing opposition to policies aimed at improving access to care for the most vulnerable Americans. In 2007–2008, during the presidency of George W. Bush, he was one of only 47 representatives to vote against the Domenici Wellstone Mental Health Parity and Addiction Equity Act, which improved coverage for mental health care in private insurance plans. He also voted against funding for combating AIDS, malaria, and tuberculosis; against expansion of the State Children’s Health Insurance Program; and in favor of allowing hospitals to turn away Medicaid and Medicare patients seeking non-emergency care if they could not afford copayments.

Price favors converting Medicare to a premium-support system and changing the structure of Medicaid to a block grant—policy options that shift financial risk from the federal government to vulnerable populations. He also opposed reauthorization of the Violence Against Women Act and has voted against legislation prohibiting job discrimination against lesbian, gay, bisexual, and transgender (LGBT) people and against enforcement of laws against anti-LGBT hate crimes. He favors amending the Constitution to outlaw same-sex marriage.

In addition, he has been inconsistent in supporting investments in biomedical science. He opposes stem-cell research and voted against expanding the National Institutes of Health budget and against the recently enacted 21st Century Cures Act, showing particular animus toward the Cancer Moonshot.

Price has also been a vociferous opponent of the Affordable Care Act (ACA) and a leader of the repeal-and-replace movement. His proposal for replacing the ACA is H.R. 2300, the Empowering Patients First Act, which would eliminate the ACA’s Medicaid expansion and replace its subsidies with flat tax credits based on age, not income (\$1,200 per year for someone 18 to 35 years of age; \$3,000 for someone 50 or older, with an additional one-time credit of \$1,000 toward a health savings account). Price’s plan is regressive: it offers much greater subsidies relative to income for purchasers with high incomes and much more meager subsidies for those with low incomes. In today’s market, these credits would pay only about one third of the premium of a low-cost plan, leaving a 30-year-old with a premium bill for \$2,532, and a 60-year-old with a bill for \$5,916—along with a potential out-of-pocket liability of as much as \$7,000. By contrast, subsidies under the ACA are based on income and the price of health insurance. Today, a low-income person (with an income of 200% of the federal poverty level) pays, on average, a premium of \$1,528 per year (regardless of age) for a plan with an out-of-pocket maximum of \$2,350, and that payment does not change even if health insurance premiums rise.

To put the plan’s subsidies into perspective, consider that in 1992, when per capita health expenditures were just one third of

what they are today, President Bush and HHS Secretary Sullivan proposed a slightly larger individual tax credit (\$1,250) for the purchase of insurance than Price proposes today. Even in 1992, analysts reported that the credit would be insufficient to induce most people to buy coverage.

The Price plan would eliminate the guaranteed-issue and community-rating requirements in the ACA and create anemic substitutes for these commitments to access to comprehensive coverage for Americans with preexisting conditions. These replacements include an extension to the nongroup market of the continuous-coverage rules that have long existed in the group market with little benefit; penalties on reentering the market for anyone who has had a break in coverage; and a very limited offer of funding for states to establish high-risk pools. In combination with relatively small tax credits, these provisions are likely to lead low-income and even middle-class healthy people to forgo seeking coverage until a serious health problem develops. Without the income- and premium-based subsidies in the ACA acting as market stabilizers, Price’s provisions would erode the non-group health insurance market.

Price’s plan would withdraw almost all the ACA’s federal consumer-protection regulations, including limits on insurer profits and requirements that plans cover essential health benefits. By allowing the sale of health insurance across state lines, the plan would also effectively eliminate all state regulation of health insurance plans, encouraging a race to the bottom among insurance carriers. Finally, Price would fund his plan by capping the tax exclusion for employer-sponsored health insurance at \$8,000 per individual or \$20,000 per family. These caps are well below those legislated through the Cadillac tax in the ACA, a provision that Price himself has voted to repeal.

In sum, Price’s replacement proposal would make it much more difficult for low-income Americans to afford health insurance. It would divert federal tax dollars to people who can already buy individual coverage without subsidies and substantially reduce protections for those with preexisting conditions. The end result would be a shaky market dominated by health plans that offer limited coverage and high cost sharing.

Whereas Price’s actions to date have not reflected the tradition of the physician as advocate for the poor and vulnerable, they do harken back to an earlier tradition in American medicine: the physician advocate as protector of the guild. His Empowering Patients First Act would directly advance physicians’ economic interests by permitting them to bill Medicare patients for amounts above those covered by the Medicare fee schedule and allowing them to join together and negotiate with insurance carriers without violating antitrust statutes. Both these provisions would increase physicians’ incomes at the expense of patients. Price has consistently fought strategies for value-based purchasing and guideline development, opposing the use of bundled payments for lower-extremity joint replacements and proposing that physician specialty societies hold veto power over the release of comparative effectiveness findings. These positions reduce regulatory burdens on physicians at the cost of increased inefficiency and reduced quality of care—and reflect a striking departure from the ethos of his physician predecessors, Secretaries Bowen and Sullivan.

The HHS Department oversees a broad set of health programs that touch about half of all Americans. Over five decades and the administrations of nine presidents, both Democratic and Republican secretaries have used

these programs to protect the most vulnerable Americans. The proposed nomination of Tom Price to HHS highlights a sharp contrast between this tradition of compassionate leadership and the priorities of the incoming administration.

Mr. FRANKEN. This article cites his votes against mental health parity—think about what that means in terms of treatment during this opioid crisis—against funding for AIDS, malaria and tuberculosis, against the expansion of the State Children’s Health Insurance Program, against tobacco regulation, against the reauthorization of the Violence Against Women Act, and more.

Price has also been a champion of efforts to repeal the Affordable Care Act. The Congressional Budget Office recently estimated that if the ACA is repealed, nearly 20 million Americans will lose their health care coverage immediately, with the number growing to 32 million over the next 10 years, and 300,000 of those individuals live in my State of Minnesota. Let me tell you about at least two of them.

Leanna has a 3-year-old son named Henry. Henry has been diagnosed with acute lymphoblastic leukemia, and his treatment will last at least until April of 2018. Henry often needs around-the-clock care to manage his nausea, vomiting, pain, and sleepless nights. This is a 3-year-old boy. Henry’s immune system is so compromised that he is not supposed to go to daycare. So Leanna left her job to take care of him. Leanna’s family is supported by her spouse, but they couldn’t pay for Henry’s treatment on one salary. Leanna says:

It is because of the ACA that Henry gets proper health care. Henry can get therapy and the things he needs to maintain his health and work toward beating cancer. Henry is still with us because of the ACA.

Let me say that again: “Henry is still with us because of the ACA.”

I have asked Republicans repeatedly to show me the plan they have to make sure Leanna and her son Henry and the hundreds of thousands of Minnesotans who have gained coverage don’t lose the care they need. I have yet to see their plan. What I have seen Congressman PRICE advocate for so far is pretty awful. His proposals would strip away coverage for people with preexisting conditions, strip away preventive health benefits, strip away protections from annual and lifetime limits, strip away coverage for young adults. Moreover, Congressman PRICE views Medicaid and Medicare as government expenditures to be cut, rather than lifelines to millions of seniors, disabled populations, children and families. As chairman of the House Budget Committee, Congressman PRICE introduced proposals to cut funding for Medicaid by more than \$2 trillion.

In my State, Medicaid provides health insurance to 14 percent of the residents. That includes two out of five low-income individuals, one in four children, one in two people with disabilities, and one in two nursing home residents. Think about that. One in two

people in nursing homes are covered by Medicaid in my State.

What is going to happen to these people—our parents, our children, our spouses, our families—if Congressman PRICE and his colleagues succeed in slashing Medicaid's budget? I can guarantee you, it will not be kind and it will not be just and Americans are going to lose out.

Congressman PRICE's assault on our health care system doesn't end there. He wants to slash Medicare's budget by hundreds of billions of dollars, undermining our basic guarantee of coverage to our Nation's seniors, and no wonder. Let me remind you, this is the same person who wrote: "I can attest that nothing has had a greater negative effect on the delivery of health care than the Federal government's intrusion into medicine through Medicare."

Do we really want the person who wrote this to be running Medicare? Price's determination to gut Medicaid and Medicare is directly opposed by the vast majority of Americans and in direct opposition to President Trump's campaign promise never to cut Medicaid or Medicare.

When Tom Daschle withdrew from consideration for HHS Secretary, he talked about the challenges of health care reform and said:

This work will require a leader who can operate with the full faith of Congress and the American people, and without distraction. Right now, I am not that leader, and will not be a distraction.

So I say to Congressman PRICE, you do not have the full faith of the Congress, and you do not have the full faith of the American people. You are not the leader this country needs, and you should not be a distraction. Since you have not withdrawn your nomination, I urge my colleagues to do the right thing and oppose this controversial nomination.

I yield the floor to my colleague from Hawaii.

The PRESIDING OFFICER. The Senator from Hawaii.

Ms. HIRONO. Mr. President, I rise to address the deep anxiety in Hawaii and across the country about President Trump's choice to lead the Department of Health and Human Services, HHS, Congressman TOM PRICE.

I am particularly concerned about this nominee because of the mixed messages President Trump has been sending about health care. During the campaign, President Trump promised to protect Medicare and Medicaid. Yet he has nominated Congressman PRICE to head HHS. Congressman PRICE has led the effort to privatize Medicare and dismantle Medicaid in the U.S. House. This is hardly someone who would protect Medicare and Medicaid.

Shortly before taking the oath of office, President Trump said he supported the concept of universal coverage. He said:

We are going to have insurance for everybody. They can expect to have great health care.

Yet he nominated Congressman PRICE, who has spent the past 6 years trying to end universal health care coverage by repealing the Affordable Care Act.

President Trump says a lot of things. He tweets his thoughts daily, but at this point, instead of listening to what President Trump says, we should pay attention to what he does. By nominating Congressman PRICE, the President demonstrated he does not intend to protect access to quality, affordable health care for all Americans—not by protecting Medicare and Medicaid, not by protecting health insurance fraud. President Trump's health care agenda would have far-reaching, negative, painful consequences for tens of thousands of people in Hawaii and millions all across the country. Maybe President Trump should tweet less and listen more.

Over the past few months, I have heard from thousands of Hawaii residents concerned that they will no longer be able to afford health care if President Trump succeeds in repealing the Affordable Care Act and privatizing Medicare. I would like to read a few of the messages I have received.

Catherine from Honolulu wrote:

I am writing to you to express serious concern over the repealing of ACA and other health insurance changes. As a working (teacher) and single parent of two young children I am very afraid for our future. I am afraid my insurance will not cover my psoriatic arthritis if I change jobs, they change companies, or for some reason I should lose my job or coverage. My medicine without insurance would cost more than my mortgage payment, and would thus be cost prohibitive.

If I don't have my medication I would be in so much pain. I would be unable to work and would therefore lose my insurance which would mean I would never be able to get coverage because of a preexisting condition. I am certain there are many other people out there with similar stories.

Please do everything you can to make sure this scenario doesn't happen to us. If there is anything I can do, please don't hesitate to let me know. I just don't know who else to turn to.

Next, I would like to share a note I received from Julie from Papaaloa on the Big Island.

My husband and I are on Medicare, together with a supplemental plan. We are totally dependent on Social Security for our income and Medicare for our health plan. Many millions of seniors are in the same situation as we are. Please continue to fight for us as this abominable horror of an administration goes forward. I shudder to think what would happen if these programs are repealed or privatized.

Finally, I would like to share a heartbreaking story from Desi from Mililani on Oahu. Desi is an extremely hard-working, self-employed teacher and the single mother of two daughters. Her youngest daughter has Down syndrome, autism, and is hearing impaired. Desi is self-employed because she needs the flexibility to work and care for her daughter. This year, as a sole proprietor over the age of 55, Desi's premiums for her HMO plan rose to over \$680 per month for 2016.

In a letter she wrote to me, Desi said:

Paying this high monthly premium was no longer possible and was jeopardizing our family's ability to pay our mortgage, food, and other essentials alone.

Desi successfully found a cheaper plan in the ACA marketplace for 2017. In her letter she went on to say:

If the ACA is successfully repealed, we will no longer be able to afford medical coverage! Families like ours are the reasons why it is so important to defend the Affordable Care Act.

These letters and stories demonstrate what is at stake for our 200,000 seniors on Medicare in Hawaii and millions more across the country. That is why I will continue to fight tooth and nail to prevent any cuts that would jeopardize our crucial social safety net progress.

The fight has already begun. Last month, Republicans in Congress pushed through a partisan budget resolution that would give them the tools they need to repeal the Affordable Care Act. This assault on the Affordable Care Act is also an assault on Medicare and Medicaid because the ACA strengthened Medicare and Medicaid through, for example, closing the prescription doughnut hole and providing free preventive checkups for seniors. This is why I joined with my colleague from Indiana, Senator DONNELLY, to introduce an amendment that would block congressional Republicans from privatizing Medicare or increasing eligibility standards for Medicare. It would also prevent changes that reduce funding for Medicaid.

During the debate on our amendment, one of our Republican colleagues, in his opposition to the amendment, basically made our point for us. He said something to the effect of, a vote in favor of our amendment to protect Medicare and Medicaid is a vote against repealing the Affordable Care Act. Exactly. In the end, it was a close vote on our amendment. While the amendment lost, I was encouraged that two of our Republican colleagues, Senator HELLER of Nevada and Senator COLLINS of Maine, voted in favor of the amendment.

In the coming weeks and months, there will be other battles to protect Medicare and Medicaid. It is going to be a daunting fight, but I am not going to shy away from it. I am going to do whatever I can, whenever I can to protect the Affordable Care Act, Medicare, and Medicaid. In this fight, I strongly urge my colleagues to vote no on TOM PRICE's nomination to serve as Secretary of Health and Human Services. TOM PRICE is not the champion that millions of people in our country are counting on to protect their health and welfare.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. MENENDEZ. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

#### TRAVEL BAN DECISION

Mr. MENENDEZ. Mr. President, I have come to the floor to speak on the nomination of Congressman PRICE to be the Secretary of Health and Human Services. But before I do, I must speak to the decision that the U.S. Court of Appeals for the Ninth Circuit just decided in the case of the State of Washington and the State of Minnesota v. the President and the Department of Homeland Security.

I am pleased to see that the courts of the United States are still part of the separate coequal branch of government that the Founders dictated when they ultimately created an ingenious document, the Constitution of the United States, which served the Nation well for so long, even though it seems the President may need a review of history and an understanding of the Constitution as it relates to the separate coequal branches of government, because he seems to be willing to try to disparage the judiciary in an effort to try to either effect their decisionmaking or to call into question the legality of their decisions or the righteousness of their decisions.

I am glad to see that that has not affected our judicial system. I just want to read some elements of the court's decision, which I think are pretty extraordinary. Of course, this is far from a final decision on the merits, but it was on a motion for a stay of the order of the district court that said, basically, that the Muslim ban could not be continued to be enforced.

The court said—and I am quoting—in a unanimous opinion which speaks very powerfully to their decision:

We therefore conclude that the States—

Meaning the State that brought forth—Washington, as well as the State of Minnesota—

that the States have alleged harms to their proprietary interests traceable to the Executive Order. The necessary connection can be drawn in at most two very logical steps: (1) the Executive Order prevents nationals of seven countries from entering Washington and Minnesota; (2) as a result, some of these people will not enter state universities, some of them will not join those universities as faculty, some will be prevented from performing research, and some will not be permitted to return if they leave.

We therefore hold that the States have standing.

That was one of the critical legal bars.

Secondly, they opined on the reviewability of the Executive order. This is, I think, extraordinarily important. The Court went on to say—I am paraphrasing at this point: Yes, the courts owe substantial deference to the immigration and national security policy determinations of the political branches—legislative and executive. But it went further to say:

Instead, the Government has taken the position—

This is on behalf of the executive branch—

that the President's decisions about immigration policy, particularly when motivated by national security concerns, are unreviewable—

Unreviewable—

even if those actions potentially contravene constitutional rights and protections. The Government indeed asserts that it violates separation of powers for the judiciary to entertain a constitutional challenge to executive actions such as this one.

I did not really capture that the government had made that argument. But that is an extraordinary argument. The court went on to say:

There is no precedent to support this claimed unreviewability, which runs contrary to the fundamental structure of our constitutional democracy. Within our system, it is the role of the judiciary to interpret the law, a duty that will sometimes require the "[r]esolution of litigation challenging the constitutional authority of one of the three branches." We are called upon to perform that duty in this case.

Further they say: "Although our jurisprudence has long counseled deference to the political branches on matters of immigration and national security, neither the Supreme Court nor our court has ever held that courts lack the authority to review executive action in those arenas for compliance with the Constitution."

That is an extraordinary set of statements that the government made, saying that the President's actions are unreviewable in this regard.

They further go on to say: "Nonetheless, 'courts are not powerless to review the political branches' actions' with respect to matters of national security."

It would indeed be ironic if, in the name of national defense, we would sanction the subversion of one of those liberties which make the defense of the Nation worthwhile.

Well, I fully agreed with the circuit court's determination in that regard.

It goes on to say: "In short, although courts owe considerable deference to the President's policy determinations with respect to immigration and national security, it is beyond question that the Federal judiciary retains the authority to adjudicate constitutional challenges to executive action."

Well, all I can say is, thank God. Thank God that the courts of the United States feel that they are not controlled by the executive branch in pursuing the decisions that are made. This is a great day for democracy in our country and for the preservation of the separation of powers. This is a great day, I think, from my own perspective, that a ban that does not help the United States but harms us and is against every fiber of our being and the nature of the history of our Nation, which was founded by those fleeing religious persecution—ultimately, today, we restore that sense of our history, and we restore who we are as a nation both at home and across the world.

But today's decisions in this regard are also important as we consider the nomination of Congressman PRICE, so I

want to rise today, along with so many of my colleagues, to voice my strong opposition to the confirmation of Congressman PRICE to be the Secretary of Health and Human Services.

I am deeply concerned about his views on what is the core mission of Health and Human Services, not only his career-long opposition to the very existence of Medicaid and Medicare but his wavering fidelity in science and his regressive views of women's health care and the social safety net.

The Secretary of Health and Human Services is one of the few Cabinet positions that affect virtually every single man, woman, and child in America. It affects the health care of 56 million seniors on Medicare, of 74 million low-income individuals and children on Medicaid, and of 12 million Americans who have enrolled in the Affordable Care Act coverage. But more than that, the Department of Health and Human Services is home to the world's leading institutions of research at the National Institutes of Health, of advancing public health and epidemiology at the Centers for Disease Control and Prevention, known worldwide, of working to ensure that we have access to the most advanced, most effective, and safest medications at the Food and Drug Administration, and many other critical departments and agencies that we as Americans rely on.

Many of our Republican colleagues have pointed out that Congressman PRICE's history as an orthopedic surgeon is enough evidence that he is someone who should be in charge of the Department of Health and Human Services. I can't speak to his credentials and qualifications in the operating room, but I do have a constitutional obligation to speak about his credentials and qualifications to be the Secretary of Health and Human Services. So I can say without hesitation that his career in Congress and his positions on key issues of policy have proven to me that he is not the right person for the job.

Throughout his time as a congressman—most recently as the chairman of the House Budget Committee and during his confirmation process through the Senate Finance Committee, on which I am privileged to serve—it has become abundantly clear that Congressman PRICE views patients, including seniors on Medicare and even those with private employer coverage, as nothing more than a source of revenue or a budget line item. The characteristics that had defined Congressman PRICE's career run contrary—to the fundamental mission of the Department of Health and Human Services, and it should be a cause for concern across the aisle and across the country.

Despite the alternative reality portrayed during his confirmation hearings in both the Finance Committee and the Health, Education, Labor, and Pensions Committee, Congressman PRICE's vision for our Nation's health

care system has been laid bare for the public to see for years. All one has to do is look at the legislation he has introduced and the radical budget proposals he, along with Speaker RYAN, has been pushing through the House of Representatives. Let's look at some of them.

Let's start by taking a look at his plan for Medicare, which is, by all intents and purposes, a plan to fundamentally end Medicare as we know it, end Medicare as we know it. Despite Congressman PRICE's seeming denial of this fact, when I asked him about it directly during his confirmation hearing, there is absolutely no other way to characterize his plan: It ends Medicare as we know it.

Currently and for more than 50 years, Medicare has provided a guarantee—a guarantee; that word is critical—to seniors that they will have coverage, access to care, and the ability to rest assured that their health care needs will be taken care of. It is a system into which they paid their entire working lives and a compact that has been made with the Federal Government that we will uphold our end of the deal and ensure that they have quality coverage to stay healthy.

The Affordable Care Act, despite the years-long gnashing of teeth and fake tears shed by some of my Republican colleagues, has improved upon this deal and made Medicare stronger. It has extended the life of the Medicare trust fund by more than a decade. It has saved seniors \$27 billion on prescription drugs and last year alone provided more than 40 million seniors access to no-cost preventive services—no-cost preventive services. In my home State of New Jersey last year, seniors on Medicare saved more than \$263 million on prescription drugs, and nearly 1 million seniors were able to receive free preventive services.

Additionally, thanks to the law's health care delivery system reforms, we are seeing far fewer hospital-acquired conditions and greater coordination of care that has resulted in a healthier population and a more efficient health care delivery system. That reality stands in stark contrast to TOM PRICE's vision of what he thinks Medicare should be and in stark contrast with the vast majority of seniors who want to protect the program for their loved ones and for themselves.

Unfortunately, President Trump, who himself spent an entire campaign promising that he is "not going to cut Medicare or Medicaid," nominated a leading member of this radical anti-Medicare movement to impose devastating cuts to the program, force seniors to pay higher costs, and lower the quality of care throughout the health care system.

Congressman PRICE's destructive legislative history on Medicare does not lie. It is there. It is in the record. It is there for anybody who wants to see it. It tells a stark truth about his desire to increase the eligibility age, about

ending the guarantee—the guarantee of coverage.

You know, that is why we call it an entitlement. If you meet the criteria under the law, you are entitled to those health care services; you are guaranteed those health care services. But his whole legislative history is about ending the guarantee of coverage we currently have and replacing it with the possibility of coverage. The difference between a guarantee and a possibility is a far, far too significant gulf to be able to overcome—but only if you can afford the difference between Congressman PRICE's coupon and the actual cost of care under his vision. The Congressional Budget Office has shown that this will unquestionably increase costs for seniors.

His dark view of Medicare, that—to quote Congressman PRICE—"nothing has a greater negative impact on . . . health care than the Federal Government's intrusion . . . through Medicare"—that is an extraordinary statement. I am going to quote it again. "Nothing has a greater negative impact on . . . health care than the Federal Government's intrusion"—intrusion, mind you—"through Medicare." That is understandably causing a lot of concern back home in New Jersey. Many people have been calling and writing me to express their thoughts.

Dr. William Thar of Summit, NJ, himself a retired physician of more than 50 years, wrote in that PRICE's "willingness to privatize Medicare indicates a lack of concern for Americans who need health care coverage."

I also heard from Cara Davis of Glen Ridge, NJ, who wrote in on behalf of her uncle, who has end-stage renal disease and requires dialysis, saying, "If [Price] and the Trump administration successfully move Medicare to a voucher program"—again, that is different from a guarantee—"I fear that my uncle will not be able to afford the necessary coverage for his dialysis treatments."

For me, the battle to protect Medicare is more than a political battle; it is more than a theoretical battle; it is a deeply personal battle to protect a program that allows seniors to live with dignity during the twilight of their lives.

My personal connection to the value of the Medicare Program stems not from my experience but that of my late mother, Evangelina. For 18 long, difficult years, my mother suffered from Alzheimer's disease. During those years, we watched as this strong, courageous woman drifted further and further away from us. After her diagnosis, I, like so many families across our Nation, hoped for the best, but we expected the worst. And while there were times early on when she seemed just fine, those times turned into lost moments, and those lost moments eventually lasted forever.

At this point, I had to wonder if all the moments of her life—her struggle to flee her homeland and seek freedom

in the United States, of my youth and all of the time spent together—were still in there, still with her somehow, or whether those memories were lost forever.

As her illness progressed, she lost her cognitive abilities, and eventually we had to admit to ourselves that our mother was no longer with us, until, mercifully, the Good Lord took her, and the long goodbye came to an end.

Throughout this experience, throughout her struggle of fighting back against the progress of Alzheimer's, our family knew that Medicare would be there to provide her with access to the health care she needed. I learned that Medicare wasn't just there for her; it was there for the rest of us, too, providing her with access to care, while granting us the ability to focus on making the most of the limited time we had together.

Medicare was there to meet the challenges of her illness as well as the intergenerational challenges that arise when caring for a parent in the twilight of their lives while simultaneously working to put your own children through college. I lived it, I saw it, and I understand it. My mother would not have lived with the dignity that she deserved in the twilight of her life after working a lifetime and paying for Medicare, but for Medicare as a guarantee.

I know all too well that an underfunded voucher would undermine Medicare's ability to live up to the responsibility that we have to care for one another and to provide that same dignity to seniors as they and their families prepare to say good-bye for the last time.

That is why I couldn't agree with Dr. Thar or Ms. Davis more, and I share their concerns about what Congressman PRICE has in mind, despite the repeated pledges from President Trump to the contrary for the future of Medicare.

My concerns about Congressman PRICE don't stop with his desires to end Medicare, because those desires also extend to end Medicaid, as we know it, as well. His desires to end Medicaid are really a two-front war. The first is to repeal the highly successful expansion of Medicaid provided for under the Affordable Care Act, which has extended lifesaving care and coverage to over 200,000 New Jerseyans, many of whom are covered for the first time.

Nationwide, the Affordable Care Act's Medicaid expansion is one of the most successful aspects of health reform. Currently, 32 States and the District of Columbia have taken advantage of Medicaid expansion, making coverage available to 11 million people, because they recognize the value in providing people with coverage, with access to preventive care, with the ability to manage chronic conditions—all of which lead to a healthier, more productive population.

The second is to eviscerate funding from Medicaid by taking away the current funding structure and replacing it



with a block grant or some other form of arbitrary underfunding that they mask as allowing for “state flexibility.”

We have seen this picture before. Take away an obligation, an entitlement, move it to a block grant, underfund it, and ultimately slay that opportunity for people to have a guarantee.

We all know what is meant when Congressman PRICE talks about State flexibility. He means the flexibility to slash enrollment and deny people access to coverage. He means forcing States to choose between cutting payments to doctors for treating low-income Medicaid patients or cutting other vital State services like education and infrastructure. He means unraveling Medicaid benefits so that for those few still able to enroll, they won't have adequate coverage for most of the health care issues they need treated. It means simply putting his radical ideological opposition of the Federal Government being involved in health care ahead of the lives of millions of men, women, children, and seniors and the disabled across the Nation. That is truly remarkable for a man who took the oath to “first do no harm.”

As with his views on Medicare, his desire to end Medicaid expansion has caused a lot of people from New Jersey to write me about their concerns. I would ask Congressman PRICE and other like-minded Republicans to consider carefully the stress and potentially devastating impacts these policies have on real people—real people like Jolie Bonnette from Brick, NJ, who wrote to me about how she was able to finally gain access to health coverage, thanks to Medicaid expansion. She wrote: “Without this care and my Medicaid medication coverage, I would have died, because I would have no access to doctors or medications.”

Jill Stasium from Jersey City wrote in saying that thanks to Medicaid, “[I] have been receiving top quality health care for the first time in my life.”

I ask my colleagues how the mantra of State flexibility, which is just another way of ensuring funding for Medicaid is slashed and access to life-enhancing treatment is denied, is going to impact Ms. Bonnette and Ms. Stasium. I ask how they can justify taking away their coverage—coverage that has provided, for the first time in their lives, not only the peace of mind of having health insurance, but also it is the first time they have had regular access to the doctors and medication necessary to live.

How do we justify that? We can't do it on the basis of State flexibility and surely not on the basis of a 6-year-long political vendetta against the Affordable Care Act. Yet somehow, with this nominee and this Republican Congress, this is something that we are all going to have to justify to every single one of our constituents.

Unfortunately, the list of destructive policies supported by TOM PRICE

doesn't end with his desires to end Medicare as we know it and to dismantle Medicaid. This is also not surprising given the Republican agenda for the last 7 years to repeal the Affordable Care Act, throw millions of Americans off their health insurance, and return us to the dark ages where insurance companies have free rein to deny coverage for preexisting conditions, cancel coverage after a devastating diagnosis, limit what benefits are covered, and discriminate against women. That is what the marketplace was before the Affordable Care Act.

Now, this is not new. The Republicans have been trying to repeal health care reform and deny millions of Americans health care coverage since before the law was even passed. It has sadly become dogma for Republicans—dogma to repeal ObamaCare, which they voted to do 60-some odd times. But now, after 7 long years, the chickens have come home to roost.

They now have the ability to live up to their dream of repealing the law, but are starting to realize what the implications are—starting to realize that real people will face real life-and-death situations that result from Republicans putting partisan ideology ahead of the well-being of their constituents, starting to realize that on-the-ground implications of the Affordable Care Act mean real people receiving real treatment for real health conditions.

One of these people is David Konopacki from South River, NJ. David is a diabetic who, thanks to the Affordable Care Act, no longer has to choose between paying for college and paying for the medication he needs. David put it so succinctly: “The Affordable Care Act is literally the difference between life and death for so many.”

The same holds true for Mrs. Lori Wilson from Morristown, NJ. Her son, like David, has diabetes and has had diabetes since birth. As she writes, her son “is just one citizen among millions whose life, literally, depends on access” to care, and under the Price Republican plan, that access is denied.

I mentioned that repealing the Affordable Care Act means reinstating the ability of insurance companies to deny coverage for preexisting conditions. As diabetics, these folks would find it impossible—certainly, financially impossible—to find coverage that would allow them to get their medications and see their physicians. That is what is shocking about TOM PRICE. Despite knowing full well that the ban on preexisting conditions is one of the most widely supported and critically important aspects of the Affordable Care Act, he considers it to be a “terrible idea.”

Let me say that again. TOM PRICE's views on health care are so radical that he thinks insuring people with preexisting health conditions—like diabetes from birth—and guaranteed access to coverage is a “terrible idea.” That is an extremely callous way to put ideology above people's lives.

Let me close on this. I have spoken about the many reasons I am opposed to Congressman PRICE's nomination to run the Department of Health and Human Services, including his long-held opposition to Medicare. But above all else, one of the reasons I am opposing Congressman PRICE is because of the seeming lack of fidelity to the one thing that runs at the heart of health care and the heart of the Health and Human Services Department, which is science.

For years Congressman PRICE has been a member of a group called the Association of American Physicians and Surgeons. This is a group of so-called doctors who push dangerous conspiracy theories and widely debunked claims that have serious implications for the public health. The prime example of this is their assertion, despite all evidence to the contrary, that vaccines aren't safe and that they cause autism. Nothing could be further from the truth. In fact, this week I received a letter signed by 350 organizations, including several from New Jersey and several representing the autism community, restating the fact that “vaccines are the safest and most cost-effective way of preventing disease, disability, and death” but unfortunately, because of widespread misinformation, the United States “still witnesses outbreaks of vaccine-preventable diseases,” including the biggest outbreak of whooping cough since 1955, and the fact that we have upwards of 50,000 deaths a year from complications of vaccine-preventable influenza.

While TOM PRICE, personally and as a physician, might understand these basic facts, what worries me most is that the President of the United States does not, posting on Twitter for years that vaccines are dangerous and appointing anti-vaccine conspiracy theorists to critical posts in the White House and possibly to key positions within the Department of Health and Human Services.

When I asked Congressman PRICE directly about his fidelity to science and his willingness to stand up to the President about adhering to science as the guiding principle at the Department of Health and Human Services, his answers were far less than satisfactory, and he left me with the impression that he is unwilling to counter the President when he touts untrue claims about health care and ensure that personnel within HHS are stewards of sound science and not ideology.

For the Department that oversees the Centers for Disease Control, which is the global beacon of health care that must be focused on science, that is simply incredible.

I rise today to give my voice in opposition to Nominee TOM PRICE as the next Secretary of Health and Human Services, and I rise to be the voice of Dr. William Thar, Cara Davis, Jolie Bonnette, Jill Stasium, David Konopacki, Lori Wilson and the over 6,000 New Jerseyans who have called

and emailed me to vote in opposition to TOM PRICE's nomination. I will do that when it comes time for a vote.

With that, I yield the floor.

Mr. LEAHY. Mr. President, the Cabinet nomination we are considering today is one of great consequence. The reach of the Department of Health and Human Services is extensive, with direct and indirect consequences for the health and well-being of all Americans. Like many other nominations that this body is rushing to confirm, Representative PRICE has not satisfied the many questions that have been raised about his ability to defend programs that are vital to so many Americans. In fact, his record in Congress runs counter to these goals.

I have always believed that all Americans deserve access to quality, affordable health care. We made a tremendous step in this direction through the Affordable Care Act, ACA, which has extended health insurance coverage to more than 20 million Americans and their families through cancer screenings, immunizations, and preventative health care at little or no cost-share. The law has ensured that vulnerable populations have access to quality care through State expansions of Medicaid. The ACA stopped insurance companies from discriminating against women, seniors, and individuals with preexisting conditions. And it has already saved taxpayers billions in Federal health care costs, while bolstering reserves for our Nation's Medicare and Social Security Trust funds.

Unfortunately, Representative PRICE does not see it this way. As one of the first lawmakers to draft legislation calling for the full repeal of the ACA, Representative PRICE believes that health care should once again be under the largely unfettered control of big businesses and insurance companies. He may say that he wants more Americans to have "access to affordable coverage," but his record in the House shows otherwise.

It is not only the Affordable Care Act that Representative PRICE has put in the crosshairs, but virtually every Federal, health program. Representative PRICE's track record in opposing programs like Medicaid, Medicare, and Social Security is extensive. As Congressman, he has proposed dissolving or block granting Medicaid and replacing Medicare with vouchers, unadjusted for income, for consumers to purchase private plans on the market. In November, he released an agenda proposing across-the-board cuts to Medicare, Medicaid, and Social Security. He has also long fought against women's healthcare and access to family planning services. And he has advocated banning abortions and abolishing funding for Planned Parenthood, which would make it far more difficult for women to have access to health care.

Medicare, Social Security, and Medicaid are crucially important to patients and their families. Medicaid provides vulnerable populations, including

children, with essential and comprehensive health benefits, like mental health care and substance abuse treatment, which are required to be covered by Medicaid under the ACA. And for decades, Medicare and Social Security have offered health care protections to low-income Americans and seniors, offering guaranteed resources in retirement. These are earned benefits that hard-working Americans have paid into throughout their lives. It is only fair that these people should expect to have these resources when they enter retirement.

We cannot deny the vital health protections of Medicaid, Medicare, and Social Security to our Nation's families. And I cannot in good conscience support someone who does not share this game goal. Lives, literally, are at stake.

I am also deeply concerned about allegations of Representative PRICE's violation of the STOCK Act, which prohibits Members of Congress from making investment decisions based on information they receive as a result of their roles in Congress. Serious questions of his all-too-coincidental trading with medical companies, after introducing legislation that supports these very companies, are troubling, and signal that this nominee is unfit to lead the very agency responsible for protecting the health of Americans.

I am glad the minority members of the Senate Finance Committee refused to join the business meeting scheduled to move Representative PRICE's nomination last month. There remain serious questions relating to potential conflicts he would have as Secretary. Despite these concerns, Republicans on the Finance Committee made the unprecedented decision to change the rules and confirm Congressman PRICE without even one Democratic member present. This move runs counter to the majority's own rules. But more importantly, it contradicts what we stand for in promoting the interests of Americans as their elected officials.

If confirmed, there are valid reasons for the American people to be concerned that Representative PRICE's agenda will make its way into the Department of Health and Human Services, and Americans will suffer for that. It is the responsibility of this agency to uphold and protect the well-being of the people of this great and good country, and it would be counter to this goal to allow someone like Representative PRICE to oversee such efforts. That is why I will strongly oppose his nomination, and I encourage all in the Senate to do the same.

Mr. UDALL. Mr. President, I rise today to oppose the nomination of Congressman TOM PRICE to be Secretary of the Department of Health and Human Services.

I oppose the nomination because Mr. PRICE wants to dismantle America's health care system—with no guarantee that Americans will continue to receive the health care coverage they

now enjoy. He is part of the Trump "repeal with no plan" contingent.

In my view, any repeal of the Affordable Care Act must be coupled with a program that has rock solid guarantees to the American public, guarantees that Americans will not lose the health care benefits they now have.

Further, I oppose any vote on Mr. PRICE's nomination until there has been a full investigation and disclosure to the American public of his conflicts of interest. Mr. PRICE has invested in companies just prior to introducing legislation that would benefit those very companies. Before we vote on Mr. PRICE, the American public needs a full accounting whether his investments comply with Federal insider trading laws and ethical provisions.

The President's first order of business was an attack on Americans' health care. His Executive order gives Federal agencies broad authority to grant waivers, exemptions, and delays of provisions in the ACA. As Secretary of Health and Human Services, Mr. PRICE will be given rein not only to grant waivers but to not enforce key ACA provisions and to pass regulations that undercut ACA protections. For example, undermining the individual mandate—a key target of Mr. PRICE's—could lead to collapse of the individual health insurance market and drive up premiums for everyone.

The ACA has resulted in the broadest health care coverage Americans have ever known. Now over 91 percent of Americans have health insurance.

In my own State of New Mexico, the number of uninsured has dropped by over 50 percent. New Mexico is not a wealthy State. We had one of the highest rates of uninsured in the country before the ACA—19.6 percent. That's almost one in five people. Now, only 8.9 percent of New Mexicans do not have insurance. This is still too high, but it is a big improvement.

Americans strongly support ACA protections. Almost 70 percent of Americans think insurance companies should not be able to deny insurance because of a preexisting condition. Eighty-five percent of Americans want their young adult children to be able to get coverage on their insurance policies. Eighty-three percent think preventative services should be free.

The Republicans and Mr. PRICE have no plan to make sure Americans do not lose these rights and benefit.

Now, the ACA is not perfect. We all know this. It needs improvement. It needs work. But the solution is not to throw the health care system into chaos with no plan. The solution is to work together on a bipartisan basis and fix the ACA's problems.

Hundreds of my constituents have called and written asking me to protect the ACA. New Mexicans are scared—really scared—that their health care will be taken away. People are scared their health is in jeopardy. For some, they are scared their lives will be put at risk.

I am angry that the President, Mr. PRICE, and the Republicans have created so much fear and worry among my constituents and around the Nation. None of them has to worry whether their children will get the health care they need. My constituents now do.

Kevin, from Albuquerque, now has to worry whether his 33-year-old daughter Amber will get the health care she needs. Amber has multiple sclerosis. That is a tough disease. I talked about Amber once before here, and her story bears retelling.

Amber's annual medical costs are high. Her medications alone are \$60,000 a year. Her doctor visits and MRIs run into the thousands of dollars.

But Amber now has health insurance through the open market thanks to the ACA. And, thanks to the ACA, she is healthy. She works. She leads a productive life.

Without the ACA, Kevin worries his daughter will be kicked off her health insurance plan because her medical expenses are so high and that she will not be able to get new health insurance—because of her preexisting MS. For Amber and Kevin, the ACA's protections mean everything.

There are literally hundreds of thousands of New Mexicans and millions of Americans like Amber. This one ACA provision—prohibiting discrimination based on preexisting illness—protects an estimated 861,000 New Mexicans and 134 million Americans. If we ourselves don't have a serious illness like Amber, we have a family member or friend who does.

Same with people who have high medical costs. These are the people who need medical care the most. The ACA provision—prohibiting lifetime benefit limits—protects an estimated 555,000 New Mexicans and 105 million Americans.

Why is there even any discussion about jeopardizing millions of Americans' health care?

The ACA saves lives. It saved Mike's life. Mike and his wife, Pam, are from Placitas, NM. Before the ACA, they didn't have insurance. They couldn't afford it and probably couldn't get it for Pam because she had a preexisting illness.

As soon as they could, they signed up for an insurance plan under the ACA. Using their new preventive care services, they found out Mike had an aggressive form of cancer. Thankfully, they caught it early. Mike was treated at the University of New Mexico Cancer Center and is cured.

Pam says there is "no question" that the ACA saved her husband's life.

Hundreds of thousands of New Mexicans and millions of Americans benefit because the ACA requires health insurance companies to provide free preventative services. It is well documented that such services prevent illness, save lives, and save money in the long run.

I am also concerned about the impact ACA repeal would have in Indian Coun-

try. During his confirmation hearings, Congressman PRICE was asked specifically about the devastating consequences Medicaid expansion repeal would have on Indian health providers. These providers depend heavily on this Federal funding to provide lifesaving services to our Native communities. Any reduction in Federal funding to these facilities would be unconscionable.

But Congressman PRICE has a clear record of voting to support the elimination of the Medicaid expansion and, when asked directly, could offer no solution for making Indian Country whole if this funding were to be cut. Nothing in his hearing or written answers has assured me that Congressman PRICE intends to protect Native communities from the negative impact of ACA repeal.

And, finally, ACA repeal would be devastating to my State's economy. That is what a Ph.D. economist from New Mexico State University told the New Mexico Legislature last week. Dr. Jim Peach said ACA repeal would be "devastating" to our State.

As I said, New Mexico is not a wealthy State. We have one of the highest unemployment rates in the country, at 6.6 percent.

But the ACA has been an economic boon for us. Seven of the 10 fastest-growing job categories in New Mexico are in health care. In fact, boosts from health care and tourism actually led to positive job growth for the last 2 months. So health care jobs are of critical importance in New Mexico.

But, if the ACA is repealed, it is estimated New Mexico could lose between 19,000 and 32,000 jobs. I can tell you right now New Mexico cannot take that kind of hit in its employment numbers.

And, the loss in spending in New Mexico would be astronomical.

ACA repeal would mean a loss of \$93 million in Federal marketplace spending in 2019 in New Mexico and \$1 billion between 2019 and 2028.

It would mean a loss of \$2.2 billion in Federal Medicaid funding in 2019 and almost \$27 billion between 2019 and 2028.

This hit to our economy would be immediate and would be sustained. Tax revenues would decrease. And the New Mexico legislature is struggling mightily now how to balance the State budget.

The fact is no State budget is ready to take on the extra load if the ACA is repealed and health care gets pushed back to the States. We will go back to the days of no care, uncompensated care, and use of taxpayer-subsidized ER services as a last resort.

But Mr. PRICE and the Republicans are not talking about any of the damage in human or fiscal terms if the ACA is repealed.

In fact, they are already moving to undermine the Affordable Care Act, roll back its protections, reduce assistance to families, create chaos in the in-

surance markets—by executive action alone.

President Trump's Executive order directed his government not to implement the Affordable Care Act wherever possible under existing law. And we cannot be confident they will not bend the law in pursuit of this Presidential decree.

I cannot support a nominee to head our health care system who is not firmly committed to maintaining the health care coverage Americans now have. And who will not push—and push hard—for the right of every American to have health care.

Finally, I cannot support holding a vote on Mr. PRICE until all financial conflicts of interest of his have been fully vetted and the American public knows there has been no violation of law or ethical responsibilities.

Mr. PRICE is a wealthy man, like so many of Mr. Trump's cabinet nominees. And he has tried to increase his wealth by investing in health-related companies. It is widely reported—in the Wall Street Journal and elsewhere—that Mr. PRICE has made over \$300,000 worth of investments in health-related companies—companies that could benefit from his legislation.

We are all familiar with the STOCK Act. It applies directly to us and prohibits us from using inside information that we obtain through our positions as Members of Congress for personal gain.

There are serious questions whether Mr. PRICE's investments ran afoul of the STOCK Act.

I would like to refer to a February 7, 2017, column from the New York Times discussing Mr. PRICE's widely reported investments. So, a first example, in March of last year, Congressman PRICE announced opposition to a Medicare measure that would limit the money doctors could make from drugs they prescribe their patients. The proposal was meant to reduce doctors' financial incentives to prescribe expensive drugs.

Makes sense—we don't want doctors to prescribe more costly drugs because they would personally benefit.

But, just 1 week later, Mr. PRICE bought stock in six pharmaceutical companies that would benefit if this consumer protection measure were defeated.

And then, at the very same time, those very same companies were lobbying Congress to block the measure. And Big Pharma succeeded.

A second example—last year, he purchased shares in Zimmer Biomet, a company that makes hip and knee implants.

Six days later, he introduced a bill that would have directly helped Zimmer. His legislation sought to delay a Federal regulation that would have changed payment procedures for Zimmer. In fact, Zimmer was one of two companies that would have been hit the hardest by the regulation.

Mr. PRICE has said his broker bought the Zimmer stock. But these circumstances warrant investigation.

And, bottom line, Mr. PRICE is responsible for his investments.

A third example—last summer, Mr. PRICE was offered a special deal—to purchase shares at deeply discounted price from Innate Immunotherapeutics, an Australian drug company. He got in at 18 cents a share—at a time the stock value was increasing rapidly, rising to more than 90 cents a share. The value of his shares rose more than 400 percent.

At the same time, Innate Immuno needs Federal Drug Administration approval for one of its drugs.

This deal raises questions whether Mr. PRICE gained from an investment opportunity—unavailable to the public—from a company whose profits could be influenced by his political decisions.

A Cabinet nominee should not come into office under a cloud of conflicts. A vote on his nomination before there is full inquiry into his investments and ethical behavior is premature.

For these reasons, I will vote no on the nomination of Mr. PRICE as Secretary of Health and Human Services.

I ask unanimous consent that the New York Times column I referred to be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the New York Times, Feb. 7, 2017]

TOM PRICE, DR. PERSONAL ENRICHMENT

(By David Leonhardt)

Each year, a publication called Medscape creates a portrait of the medical profession. It surveys thousands of doctors about their job satisfaction, salaries and the like and breaks down the results by specialty, allowing for comparisons between, say, dermatologists and oncologists.

As I read the most recent survey, I was struck by the answers from orthopedic surgeons. They are the highest-paid doctors, with an average salary of \$443,000 in 2015—which, coincidentally, was almost the exact cutoff for the famed top 1 percent of the income distribution.

Yet many orthopedists are not happy with their pay. Only 44 percent feel “fairly compensated,” a smaller share than in almost every other specialty. A lot of orthopedists aren’t even happy being doctors. Just 49 percent say they would go into medicine if they had to make the decision again, compared with 64 percent of all doctors.

I know that many orthopedists have a very different view: They take pride in helping patients and feel fortunate to enjoy comfortable lives. But despite those doctors, it’s clear that orthopedics suffers from a professional culture that does not live up to medicine’s highest ideals. Too many orthopedists are rich and think it’s an injustice that they’re not richer.

This culture helped shape Dr. Tom Price, the orthopedic surgeon and Georgia congressman who is Donald Trump’s nominee for secretary of health and human services.

Price had a thriving practice near Atlanta before being elected to Congress in 2004. His estimated net worth of more than \$10 million (and possibly a lot more) makes him one of the House’s wealthier members.

Yet he hasn’t been content to make money in the standard ways. He has also pushed, and crossed, ethical boundaries. Again and again, Price has mingled his power as a congressman with his desire to make money.

So far, the nominee receiving the most attention is Betsy DeVos, Trump’s choice for education secretary, and she definitely deserves scrutiny. Still, I think Democrats have made a mistake focusing so much on her rather than on Price. He could do more damage—and his transgressions are worse than those that have defeated prior nominees.

Last March, Price announced his opposition to a sensible Medicare proposal to limit the money doctors could make from drugs they prescribe their patients. The proposal was meant to reduce doctors’ financial incentives to prescribe expensive drugs. (And, yes, if you’re bothered that your doctor has any stake in choosing one drug over another, you should be.)

One week after Price came out against the proposal, he bought stocks in six pharmaceutical companies that would benefit from its defeat, as Time magazine reported. At the time, those same companies were lobbying Congress to block the change. They succeeded.

It’s a pattern, too. Price has put the interests of drug companies above those of taxpayers and patients—and invested in those drug companies on the side.

Last year, he also bought shares in Zimmer Biomet, a maker of hip and knee implants. Six days later, according to CNN, he introduced a bill that would that have directly helped Zimmer.

In his defense, a spokesman for Price has said that his broker bought the Zimmer stock and Price didn’t find out until later. That’s certainly possible, but still not acceptable. Members of Congress bear responsibility for their personal stock transactions, period.

A third episode may be the worst. Price accepted a special offer from an Australian drug company to buy discounted shares, as The Wall Street Journal and Kaiser Health News reported.

He told the Senate that the offer was open to all investors, although fewer than 20 Americans actually received an invitation to buy at the discounted price. The stock has since jumped in value, and Price underreported the worth of his investment in his nomination filings. It was a “clerical error,” he says.

Even without any larger context, his actions are disqualifying. He’s repeatedly placed personal enrichment above the credibility of Congress. The behavior is substantially worse than giving money to an illegal immigrant (which defeated a George W. Bush nominee) or failing to pay nanny taxes (which scuffled a Bill Clinton nominee).

But of course there is a larger context. Price has devoted much of his political career opposing expansion of health insurance. His preferred replacement of Obamacare would reduce health care benefits for sicker, poorer and older Americans.

His views have a long history within the medical profession. For decades, doctors used their political clout to help block universal health insurance. They offered many rationales, but money was the main reason. Many doctors feared that a less laissez-faire health care system would reduce their pay.

It’s to the great credit of today’s doctors that they have moved their lobbying groups away from that position and helped extend insurance to some 20 million people. They understand that some principles matter more than a paycheck.

Or at least many of them do.

The PRESIDING OFFICER. The Senator from Washington.

Ms. CANTWELL. Mr. President, I come to the floor this evening to continue my remarks from earlier today in

opposition to the nomination of Congressman PRICE to be Secretary of Health and Human Services and to continue talking about the Medicaid program.

My colleague from New Jersey was talking about the affordability of health care in general and some of the critique about where we are going with health care in the future. That is really what I think the next few years here in the Senate are going to be about—the future of health care.

Unfortunately, the nominee before us is more about the past of health care, focusing on issues like fee-for-service instead of the patient-centric health care that we need.

Earlier today, I was talking about the innovation that is happening in Medicaid through the Affordable Care Act and, specifically, what is happening in Midwestern States, Eastern States, Southern States, and Western States—how the expansion of Medicaid is not just giving more people access to health care but how innovative programs that are reaching that population are allowing people, instead of going into nursing home care and costing States more and having more expense, going into community-based care and home-based care that will help us keep costs down and give patients what they want: the ability to stay at home and have care.

I also talked about how, on top of the Medicaid expansion, we put a program like the Basic Health Plan into place, which drove down the costs of premiums for people in that program.

Through Medicaid, not only have we expanded health insurance by helping states cover their citizens, but the uninsured rate has also dropped. I mentioned that in our State of Washington, it dropped to just 6 percent. Through delivery system reforms, we are also driving a better way for us to improve the Medicaid Program.

Now I want to contrast that to the position of this administration and to Congressman PRICE, because it is a very different view. As I said, I think it is a very backwards-looking view about what we need to improve our health care system. I want to make sure that our colleagues on both sides of the aisle understand this.

Now, my biggest concern is that the current administration and members of that administration are talking about what they want to do with Medicaid. I know that Speaker RYAN has said that he would like to block-grant Medicaid back to the States. This may sound like some great idea until you realize that, right now, Medicaid is already a state option. Medicaid is a voluntary program for States to participate in. The money goes back to the State based on the need. It is not block-granted.

I talked earlier today about when you block-grant it and cap it at a certain level, you are asking people to do more with less. Instead of addressing their needs and improving the system,

like I mentioned on rebalancing to community-based care versus nursing home care, or making it more affordable like in the Basic Health Plan, all you are doing is capping it and continuing to give an amount of money that doesn't meet the needs of individual citizens. So I did not like the fact that Speaker RYAN seems to be on this parade of saying: Let's block-grant Medicaid.

The reason we came to this is that my dear colleague from Vermont came to the Senate floor one night and showed a tweet from—I think it was actually then-Candidate Trump, but it might have been President Trump—that said: No, I am not touching Medicare or Social Security or Medicaid. My colleague from Vermont wanted to know whether the President was going to stick to that promise. What has happened since then is we have seen that there has been a promise, so to speak, on some of these programs, but not on others.

I know Vice President PENCE said that he and Donald Trump will give States new freedom and flexibility through block-granting Medicaid. So they are for this idea of block-granting Medicaid.

In fact, White House Counselor Kellyanne Conway said: block-grant Medicaid to the States.

So many on the other side are saying you are going to keep your health care; don't worry, it is going to be there for you; no one is going to lose it. I guarantee that if we block-grant Medicaid, which is the premise that Mr. PRICE has been rallying on, not just once but many times, it is not going to work out for many Washingtonians in my State, and it certainly is not going to work out for many people all across this country.

Mr. PRICE wrote a budget that would block-grant Medicaid. And he wrote a bill that would repeal the Medicaid expansion in its entirety and repeal all of the Affordable Care Act. So I know for some people, as I said, that might sound like giving the States flexibility, but right now, that dollar goes up and down based on need. When Medicaid is block-granted, you are going to give States a set amount of money and, as I said, that set amount of money may not keep pace with the cost of care.

Through Medicaid waivers authorized by Congress and approved by the Centers for Medicare and Medicaid Services, States can work with the Federal Government to deliver flexibility. I just mentioned two programs that are already in the Affordable Care Act.

Earlier today I mentioned all of the States that were utilizing rebalancing programs and the shift they are seeing in keeping people out of nursing home care and putting them in community-based services. So that is a huge win.

A number of States have pursued these Medicaid waivers through a section of the Social Security Act called 1115. It is really not necessary for anybody to know the number, but basi-

cally those innovations are allowing States to continue to improve the delivery of health care. In the State of Washington, that means we are delivering better care, better outcomes, at lower cost. That should be our target—not taking a hatchet to Medicaid and chopping it and saying we are going to give you less and less money.

We know that our health care delivery system is going to be challenged in the future, and we know Mr. PRICE's budget would cut one-third of Medicaid funding within 10 years. That is a huge cost to the Medicaid program. So what would it mean? It would mean millions of Americans would lose their health insurance because States will not have the investments to cover them. Uncompensated care will skyrocket, and that would really hurt the safety net that hospitals provide. People don't go without health care just because Medicaid doesn't cover them. They show up in the emergency rooms, they get uncompensated care, it is more expensive, or they ignore their health care needs until they can absolutely afford it. We are seeing this across America even now. We have had physicians tell us stories of people who are just waiting until they can afford coverage.

So that is why it is so important to get affordable coverage like the Affordable Care Act has been able to provide and to unleash innovative programs within these systems, like the Basic Health Plan that I mentioned earlier today, which allows us to buy in bulk, like a Costco model. Costco delivers Americans a lot of cheaper products because they buy in bulk; it drives down the price. The consumer wins and the insurer wins because they know they are going to get big purchases, and that provides flexibility. I mentioned how New York has more than 600,000 people on the Basic Health Plan, and instead of paying a yearly premium of about \$1,500, they were basically saving about \$1,000 or more on their annual insurance premiums. Why? Because the State was able to offer up a bundle to New York residents and drive down costs. That is the kind of flexibility we need in the health care system. We don't need to just say we are going to cut one-third over a 10-year period of time.

Let me again contrast this progress with Mr. PRICE's ideas. Congressman PRICE's budget would cut \$1 trillion from States over 10 years through Medicaid block grants—\$1 trillion, leaving States with a hole in their budget that I know, if they are like our State and are challenged with other issues, they would not be able to cover. The notion that block-granting Medicaid and repealing the Medicaid expansion is the way forward is absolutely not what the people of Washington State think. I am here to represent the viewpoint that innovations in the Affordable Care Act are working, and we shouldn't just simply block-grant and cut Medicaid.

So instead of improving the delivery system of health care and instead of

expanding coverage and giving peace of mind, here is what Mr. PRICE's Medicaid cuts would do, according to some of the independent experts who study Medicaid.

The National Council on Disability says about block grants: "Older Americans and people with disabilities would be at special risk. . . . States would face strong financial pressure to reduce services to low-income seniors and people with disabilities if the Federal Medicaid funds were capped."

The Center on Budget and Priorities says: "To compensate for the federal Medicaid funding cuts a block grant would institute, states would either have to contribute much more of their own funding or, as is far more likely, use the greater flexibility the block grant would give them to make draconian cuts to eligibility, benefits, and provider payments."

The Commonwealth Fund says that "the federal contribution under a block grant program would remain the same, or grow only according to a present formula, no matter how large the population in need becomes or how much a State actually must spend on health care for Medicaid recipients."

So we can see that people understand that block-granting Medicaid is nothing more than a war on Medicaid—nothing more than a war on Medicaid.

That is why I cannot support Mr. PRICE's nomination. We gave him chances in the hearing to talk about why this kind of approach is not acceptable and why the programs within the Affordable Care Act that are driving down costs, giving people access, making improvements, working all across the United States in various parts of our Nation are actually the right ways to improve the delivery system, but we couldn't get commitments.

So if my colleagues are being honest with themselves or if they actually understand this, they should be very afraid of the notion that Mr. PRICE is putting forward in wanting to block-grant Medicaid. I think some of them do understand. It is why the Governor of Nevada, Brian Sandoval, and the Governor of Michigan, Rick Snyder, and others, are asking Congress to let them keep the Medicaid gains already in the Affordable Care Act and not shift those costs to the States.

So while shifting costs to the States might be exactly what some people want to do, this is exactly why we need to fight to make sure that the Medicaid expansion remains supported, and that we have the right focus moving forward—a delivery system, that is, that works for the patients and improves outcome and lowers costs. That is why I mentioned two aspects of the Affordable Care Act. We did the Medicaid expansion, and then, for a working family just above the Medicaid eligibility level, which is 138 percent of the federal poverty level, they were able to buy in bulk and get the kind of cost savings in health care that, as I said, let more than 600,000 New Yorkers

sign up for truly affordable health care in impressive numbers.

So that kind of progress being made in Medicaid and in the income levels just above it is exactly the kind of progress we must keep pursuing. Our colleagues seem to want to turn back the clock on this plan.

We did not get a single commitment from Mr. PRICE on keeping Medicaid healthy for more than the 70 million Americans that depend on it. Therefore, all I can do is go back to his record, his votes, and his comments to understand his desire to block-grant Medicaid, which is a war on Medicaid. It will not make that population healthier. It certainly will not really control health care costs for the future, and it is certainly the reason I will be voting no on Mr. PRICE.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts.

Ms. WARREN. Mr. President, I rise today to urge my colleagues to vote against the nomination of TOM PRICE to be the Secretary of the Department of Health and Human Services.

The decisions made at HHS touch the lives of every family in America. The Secretary who runs this agency makes decisions about everything from safety of the food we eat to the drugs we take, to the health insurance we buy and the quality of nursing homes we live in. This is an extremely important job, and we should not hand over the keys to this agency unless we are certain that the person will put the American people first every minute of every day.

President Trump has nominated Congressman TOM PRICE to serve in this job. Unlike many of the President's other nominees who are stunningly inexperienced in areas where they will be setting policy, Congressman PRICE has a lot of experience in health care policy. Yes, he has experience, but it is the kind of experience that should horrify us if we care about Medicare, if we care about Medicaid, or if we care about our own insurance coverage.

Congressman PRICE's record is perfectly clear. He wants to destroy fundamental protections that millions of Americans depend on for their health and economic security, and, frankly, he isn't very subtle about it. He has described ACA's ban on discriminating against individuals with preexisting conditions as "a terrible idea." He has voted 10 times to defund Planned Parenthood—voted 10 times against a group that provides lifesaving cancer and sexually transmitted infection screenings to millions of patients a year. He has tried to privatize Medicare and raise the age of eligibility. Privatize Medicare; think about that. And he has been one of the chief boosters in Congress for gutting the Medicaid program—the Medicaid program, which provides health care for millions of kids, for people with disabilities, for families with parents in nursing homes—cut money to keep people in nursing homes.

Nonpartisan analyses of these plans are not pretty. Millions of people in this country, young and old, children and grandparents, poor and middle-class workers would be denied access to lifesaving care.

Congressman PRICE touts his own magic numbers that say differently, but make no mistake, this is the record of someone who wants to use his position at HHS to advance a radical, reckless agenda that puts rightwing, anti-government ideology ahead of the health and safety of the American people.

During his hearing before the HELP Committee, I asked Congressman PRICE some pretty simple questions. I asked him about more than \$1 trillion in cuts that he has proposed to Medicare and Medicaid. I asked him if he would keep or undermine President Trump's campaign claim that he would protect these programs. I asked him to guarantee that not one dollar in cuts to Medicare would take place on his watch. I asked him to guarantee that not one dollar in cuts for Medicaid to help people living in nursing homes would happen on his watch. I asked him to guarantee that not one dollar in cuts for people with disabilities would happen on his watch.

I asked him three separate times to make this commitment, and three separate times he refused to do so. Think about that—cut Medicare for millions of seniors, cut help for people with disabilities, cut Medicaid for people living in nursing homes. This is the person Donald Trump wants to put in charge of those programs.

We have a lot of work we need to do on health care. We need to reduce the cost of insurance. We need to make sure insurance is available to small business owners, gig workers, and part-time workers. We need to make sure insurance continues to cover health care for women and people with preexisting conditions who otherwise are not going to be able to get insurance. What we don't need is to put someone in charge who is hell-bent on destroying health care in America.

For me, this is easy. When someone says he wants to cut Medicare, I am done with him. When someone says let's take away the money that people rely on to pay for nursing homes, this guy is finished. When someone says that protecting people with preexisting conditions is a bad idea, they don't get the job. This should be easy for everyone in Congress. This is a moment for Senator Republicans to step up and say no.

There is another reason to reject Congressman PRICE's nomination, a reason that has nothing to do with his terrible ideas, a reason that would disqualify him even if we agreed on every single issue. The reason is basic ethics.

During his time in Congress, Mr. PRICE has made money by trading hundreds of thousands of dollars' worth of stock in healthcare-related companies at exactly the same time that he

pushed legislation that could affect the value of these stocks. His formula has been pretty simple. First he buys the stock, then he pushes bills to help the company, which helps the stock price go up.

For example, Congressman PRICE bought stock in a company that makes hip and knee replacements, and then he introduced a bill to suspend a Federal rule affecting Medicare reimbursements for hip and knee replacements. Congressman PRICE bought stock in a bunch of pharmaceutical companies, then cosponsored a bill to suspend a Federal rule that would hold down drug prices for the drugs that these companies manufacture. Congressman PRICE bought stock in an Australian biotech company with an experimental drug to treat multiple sclerosis, and then he voted for a bill that would make it easier for the FDA to approve these drugs.

So what does Congressman PRICE have to say for himself? How does he explain this connection between buying stock, then supporting changes in the law that would boost the value of the stock he just bought? Well, he has his excuses lined up, and I have to say they are doozies.

He says he didn't know about the trades; his broker made them without asking him first. Oh, wait. He did know about the trades. He just happened to know about an obscure Australian biotech firm, and he just happened to decide to invest as much as \$100,000 in it because it was a good investment. Then he hit his last excuse: It is all OK because he paid the same price as anyone else who bought the stock.

Wow, that is really a heaping, steaming pile of excuses, and the excuses stink. These are Congressman PRICE's stock trades, not anyone else's. He made those decisions to buy those stocks, and then he repeatedly pressed for rules that would increase the value of those stocks. In fact, with one of the deals, it isn't just a question of stinkiness; it is a question about whether he broke the law.

By his own account, Congressman PRICE found out about an Australian biotech company called Innate Immunotherapeutics from a fellow House Member who, it just so happens, sits on the company's board and holds the largest stake in the company. So when he decided to buy his latest batch of stock, Congressman PRICE got access to a private sweetheart deal, meaning he got a discount on the price of the shares the general public couldn't get.

This sequence of events might break the law. That is not good at all. And getting special access to a sweetheart deal doesn't help your claim that you are just an ordinary guy with a boring stock portfolio. So when Congressman PRICE appeared before the Finance and HELP Committees, he said he had not paid a lower price than had been available to other investors. That is just not true. The company itself pointed it out. In fact, Congressman PRICE got a



special discount that went to only 20 people in the country—20 special friends, including the Congressman who could help write the laws that would make the company even more valuable.

An outside watchdog has called for an SEC investigation into whether Congressman PRICE committed insider trading. PRICE lied to Congress about his trades, and that should be the end of it. No more nomination for Secretary of HHS. The Congressman should have the decency to withdraw his nomination. It should have happened weeks ago. And if he didn't go voluntarily, the President and his friends in Congress should have quietly but forcefully pushed him out, but that is not what happened either. Instead, Republicans barreled straight ahead, and they changed the rules to do it.

Since Congressman PRICE lied to the committee, Democrats wanted him back for another hearing to ask him about it. Republicans refused, and Democrats boycotted the Finance Committee to try to force PRICE to explain why he lied. So the Republican response was to just suspend the Senate rules so they can run around the Democrats and move forward PRICE's nomination anyway.

Do we do not care about basic ethics anymore? Is that just gone? A Congressman should not be buying stocks then pushing laws to help the company, and that Congressman sure shouldn't be lying to the United States Senate about it.

Because Congressman PRICE has no shame, it will take three Senate Republicans to reject his nomination. Where are the three Republicans who will say no to a man who bought stock and then tried to get the rules changed in Washington so the companies would be more profitable? Where are three Republicans who will say no to a man who got a special stock deal that went to only 20 people in the whole country? Where are three Republicans who will say no to a man who lied to a Senate committee? This has nothing to do with politics. It is about basic ethics. It is about potentially illegal behavior. Where are three Republicans who will say no to this man?

When Donald Trump selected Congressman PRICE for this job, he said PRICE was part of a "dream team that will transform our healthcare system for the benefit of all Americans." Over the past few weeks, I have been trying to understand exactly what that dream looks like.

For families all over this country, the dream is pretty simple. They want to know that when they get sick, they can go to the doctor and not be hit with a surprise bill they can't pay. When they buy insurance, they want to be sure it covers birth control or cancer screenings and preexisting conditions. They want to be able to fight cancer and not lose their house or declare bankruptcy because their insurance company imposes a lifetime limit on benefits.

President Trump does not share this dream for health care in America, and neither does Congressman PRICE. From his first day in office, President Trump has acted to undermine access to health care. Now he has nominated an HHS Secretary who will help him sabotage our Nation's health care system from inside the Department of Health and Human Services.

Yes, we have our differences over health care, and, yes, there are fixes we need to make, but where are three Republicans who will say no to a man who wants to cut Medicare? Where are three Republicans who will say no to a man who wants to cut nursing home care? Where are three Republicans who will say no to a man who wants to cut insurance coverage? Democrats can't do this alone. Three Republicans need to put aside partisanship and stand up for the American people. We need you. The American people need you.

With my remaining time, I want to share some of the letters I have been getting from families in Massachusetts who have seen the reckless, radical plans that President Trump, Congressman PRICE, and Republicans in Congress have put forth for the Nation's health care system. These families know exactly what is at stake in this debate. Congressman PRICE didn't have an answer when I asked him to protect Medicare and Medicaid, but these letters are from constituents and they show just how important these programs are.

Lee from Holliston wrote to me, concerned about cuts to Medicare and Medicaid. I am just going to read an excerpt from his letter:

I am a 65 year old disabled woman who depends on the generosity of MassHealth and Medicare to survive. I am terrified that Medicare and Medicaid will be so drastically cut that I will no longer be able to maintain my life. I live in HUD housing, receive Medicare and MassHealth which covers all of my healthcare and allows me to continue to live on my own through senior services and the Personal Care Attendant program.

I guess I am just feeling scared and hopeless as I realize the potential for destroying the lives of seniors who live on Social Security and nothing else. I wear an insulin pump, have type 1 diabetes going on 53 years, and I have multiple complications—including an amputation 11 years ago.

My healthcare costs are just unaffordable without all the assistance. Medicare and MassHealth covers everything for me so that the \$1,050 per month I receive is doable for living expenses.

I just need to know it is going to be OK.

Lee, we need three Republicans to help out here. Congressman PRICE has made it clear that he wants more than \$1 trillion in cuts to Medicare and Medicaid, and that affects you. We have to find three Republicans to help out and to help stand up for you and the rest of America.

I also heard from Alan from South Shore, who is worried about his daughter Meg. Here is what he wrote:

My daughter Meg is 29. She was born with a condition called neurofibromatosis. As a result of this, she has benign but inoperable

tumors on her spine. They cause her chronic pain and problems walking. On some days, she cannot walk even one step. On other days, she might begin walking with a walker, then suddenly collapse on the floor.

Meg cannot hold down a job: She spent the last quarter of 2016 in and out of hospitals. She receives about \$700/month from Social Security Disability. She has no savings. She pays for her Medicare prescription drug Part D supplement out of her Social Security. MassHealth is free for her, and it pays for Meg's Medicare Part B. I am retired, so I can only help her a bit.

If Trump's first idea about TrumpCare goes into law—where he assumes you will buy your health insurance out of savings—I fear Meg will live in her bed, watching repeats of quiz shows on her television. And her network of care—including emergency services, rehab physical therapy, chronic disease management prescription drugs—will be reduced.

I understand why you are worried, Alan. I am worried, too, because I think that is exactly the path we are on with Congressman PRICE's nomination to head up HHS. That is why we are fighting back.

Boston Center for Independent Living also shared with me a story from a constituent named Jill who receives health care from the State's Medicaid Program. Let me tell you a little bit about Jill.

Jill is 62 years old. She has a heart defect, a seizure disorder, and serious osteoporosis. She had a varied career as a manager of a women's clothing company a decade ago, and in the 1980s, she installed some of the first computer networks in public schools. In the past several years, Jill has had significant health problems: surgery for her heart condition and multiple broken bones due to her worsening osteoporosis.

MassHealth, the State's Medicaid Program, has covered hospital bills, appointments with specialists, rehab stays, and an affordable medication plan.

Jill is now hoping to use a personal care assistant to give her support with shopping, making meals, and basic housekeeping.

Jill said: "For me, Medicaid is a lifeline—any cuts from Washington would be a disaster."

I hear you on that, Jill. I just hope that Congressman PRICE, President Trump, and the Republicans hear you as well.

Medicaid helps a lot of people in Massachusetts, including the very youngest. I got a very powerful letter from Marika from Duxbury, who wrote to me about giving birth to her son Jack after just 28 weeks of pregnancy. I want to read parts of her letter:

I'm writing to you today because I am horrified about the changes that may be happening to healthcare in the United States.

My husband and I welcomed our son, Jack, at 28 weeks in July of 2015. I had a very normal, healthy pregnancy—until suddenly it wasn't. I ended up with rapid onset of HELLP, a rare and life-threatening syndrome, and an emergency C-section saved both my life and Jack's.

Jack was 1 pound, 14 ounces when he was born. We were both in the ICU for some time,

my son Jack for 110 days. He had all the issues you'd imagine at 28 weeks—cardiac, pulmonary, feeding.

Today, at 18 months old, Jack is a fighter—my hero really—and despite still needing oxygen and a continuous feeding tube that is surgically inserted into his intestines, he is cruising, talking, and ALIVE.

He is alive, and quite frankly, I'm alive because of our amazing healthcare. I have the benefit of an exceptional employer plan from Harvard University. But Jack also qualified (because of his birth weight) for MassHealth. And our public health insurance has been an incredible resource:

Jack's hospital bills were in the millions after his 110 day stay in the NICU. This doesn't even include my own hospital costs for my stay. Despite having excellent jobs and resources, my husband and I would have been bankrupt, and immediately so, without our private health insurance and MassHealth benefits.

Since coming home from the NICU, Jack is still on a feeding tube and oxygen, and he cannot be accepted into regular daycare. He would go to a medical day care, but he has no cognitive delays, and so placing him in such a facility would not ensure that he gets the regular developmentally appropriate engagement that he needs. And so MassHealth pays for skilled nursing care in our home with no out of pocket costs. This means that Jack gets the care that he needs, and my husband and I can still work at the jobs that we love.

Jack participates in early intervention programs and receives feeding therapy, physical therapy and occupational therapy free of charge.

Jack's Synagis shots cost zero dollars. Synagis is a prescription medication that is used to prevent a serious lung disease caused by respiratory syncytial virus, RSV, in children at high risk for severe lung disease from RSV. The average wholesale price is \$780.15 for the 50 milligram Synagis vial, and \$1,416.48 for the 100 milligram vial. Jack gets a 150 milliliter shot every month.

I cannot imagine this life without my son's public health insurance. I recently enjoyed the NICU Family Advisory Board at Beth Israel Deaconess Medical Hospital in Boston (where Jack and I were cared for) as a way to give back. Today, I mentor other families who have unexpectedly found themselves the parent to a tiny premature baby fighting for life. In nearly every case, navigating the insurance system and fears about money are top of mind.

I am glad to hear that Jack is doing well, but I understand why it is that you want to hang on to MassHealth and why it is that we cannot take the cuts Congressman PRICE has proposed.

Families in Massachusetts are also deeply worried about the future of the Affordable Care Act. Jackie from Norwood wrote to me about how the ACA helped her get coverage for therapy after her mother was killed. She wrote:

My mother was murdered when I was 24. I was on her healthcare, which kicked me off the day after she died. I had recently accepted a new job and I was set to start that Monday (she was killed on Saturday). I had already left my previous full-time job the Friday before.

Due to having to move states after her death, I couldn't start my new job. I didn't know when I'd have work again that could provide insurance, nor did I have another parent whose plan I could join. I also had no way of affording COBRA payments.

So in the matter of one night, I was left helpless in so many ways. Not having health

insurance was one of many side effect issues that no homicide victim's family should have to worry about. Especially the next day and when planning a funeral.

Thanks to the Affordable Care Act, I was able to get covered almost immediately, which meant I could still afford my current medications and I was able to get into needed therapy right away. If it weren't for the ACA, I would have been left struggling and sick as a result of something FAR out of my control.

Very true, Jackie.

Jackie goes on to say:

I ended up finding work within a couple of months, and I am still in treatment for PTSD. I was lucky enough to find employment at Harvard University and no longer needed coverage through the ACA. I have generous health benefits provided to me. However, I never want a fellow citizen or victim of homicide to be without medical care due to cost, preexisting conditions, or other setbacks. I am happy my tax dollars go to help programs like MassHealth and the ACA. We all work hard, but that doesn't mean we are all as fortunate.

I am not the typical poster child for a homicide victim/survivor. I am white and college educated. I work for an Ivy League school. I still needed help when disaster struck, and so many others less privileged than me need help finding affordable health care.

Please continue fighting for me and other victims and survivors of homicide.

That is what we are here for, Jackie. That is what we are supposed to do. We just need three Republicans to help us out on this.

I also heard from Jennifer from Northampton, who is terrified for her family if the ACA is repealed. She says:

I suppose I can't say when our story starts. Maybe the day I met my then-life partner (now wife) of 16 years. Maybe it begins when she had to have emergency surgery in Maryland when she wasn't covered under my insurance, because our union wasn't legally recognized. Maybe it begins with the tens of thousands of dollars of debt we incurred in uncovered medical expenses when we tried to get pregnant with our son.

Or maybe it started two days ago when the unthinkable happened. My wife got laid off. After seven years of exemplary services to a large human services agency whose mission is supporting individuals and families affected by homelessness, my wife was given no warning, no severance and no compassion in her sudden dismissal from the agency. For any family this would be devastating. Now we come to the dire part.

About a year ago, my younger sister, Stephanie, was diagnosed with an aggressive form of Triple Negative Breast Cancer at 35 years of age. But this story isn't about that.

Six months later, my mother got diagnosed with Stage 4 Metastatic Breast Cancer.

I didn't have to be an over-educated lesbian to know that there was something genetic going on in my family. I got tested for the BRCA gene and was found positive for the mutation that causes breast cancer, specifically Triple Negative (like my sister had) and am currently looking at an 80% chance of developing Breast Cancer in my lifetime.

I need a double mastectomy and I need it soon. It's scheduled, in fact, for March 6th, 2017. And now, my wife doesn't have a job. I am a Behavior Analyst who specializes in the treatment of children with Autism Spectrum Disorder. I have a small private practice and don't make enough money to support our household. I also don't have access to health insurance through any of my contracts.

That is why it's dire.

One laid-off spouse, one four year old son, one self-employed wife with an 80% chance of developing breast cancer and fear of the ACA being repealed. This is dire.

We are terrified, I am terrified.

This isn't a "wait and see" situation for my family. This is us. This is now. And this is real.

Yes, Jennifer, and that is why we are here tonight, in the U.S. Senate, to debate whether or not Congressman PRICE—a man who wants to cut Medicare, cut Medicaid, repeal the Affordable Care Act—is going to be the next head of Health and Human Services. That is why we are fighting. That is why we are looking for three Republicans to step up with the Democrats and turn him down. We must protect the Affordable Care Act.

I also got a letter from Olivia, a college student from North Reading. Olivia wrote me about what the ACA means to her as someone living with multiple chronic illnesses. She wrote:

I am a twenty-two year old white woman from a middle-class suburb of Boston. I attend the University of Massachusetts Amherst and will be applying to graduate school next year. I eat an anti-inflammatory diet, I exercise regularly, do not smoke, and drink lots of water. I am on my parents' insurance, which they receive through their employer. I am a patient at some of the best hospitals in the world.

I am so fortunate to live in a state that protects my right to affordable health care. I was also hopeful when I heard that President Trump was considering modifying ObamaCare rather than repealing it. However, I am still worried about the actions that will be taken in 2017 by his administration and by Congress.

If you met me you would see a "young, vibrant, and ambitious woman"—other people's words, not mine. Many people and politicians in this country would meet me and not assume that I rely on the ACA. I am not from a low-income family, I don't live in an area that doesn't have adequate medical facilities, and I appear well. I am, however, living with multiple chronic illnesses. I suffer from asthma, fibromyalgia, chronic urticaria, chronic migraines, irritable bowel system, gastro-esophageal reflux disease, and a rare-genetic kidney disorder.

I take multiple medications daily that keep me alive, prevent further health complications, and that allow me to take care of myself. I also seek other therapies to manage my conditions, such as chiropractic care and physical therapy. I currently have great health insurance, yet I still pay hundreds of dollars a month just to give myself any quality of life.

I read the Trump/Pence administration's health care plan and I am aware of the efforts by the GOP to repeal Obamacare and their readiness to do so now that President Trump has taken office. I don't believe I have to explain to you why this worries me.

No, you don't.

I won't go on a rant about why health care reform should be about the people not the money (though I could). I will also not talk about why we should have universal health care (though I could). I am hoping that my story offers a slightly different perspective on why certain aspects of the ACA cannot be modified.

Please remind your fellow senators that millions of Americans suffer from multiple chronic illnesses, many of which are invisible, and that we are a minority that is often

forgotten. Many people are just like me. We are college students and new graduates who have to learn to manage our medical conditions before going out into the real world.

To do this, we may have to stay on our parents' insurance until we are twenty-six years old. We are people who can only work part-time jobs and will need insurance to help keep our medical costs down. We may require expensive prescriptions and numerous doctor visits a year; we cannot have a cap on our care because our conditions are chronic and unpredictable. We are people who will have to apply for insurance with pre-existing conditions which should not be held against us. We are thankful for preventative care because it prevents illnesses that would exacerbate our other conditions.

Health care is a business that we need but that we didn't ask to be a part of. It is a business we all take part in, whether we plan to or not. We are NOT burned-down houses—we are citizens who provide meaningful contributions to our country.

I hope that Congress can work together to continue to give people like me a fighting chance.

I am with you on that. I hope Congress can work together to give people like you a fighting chance.

I also got a letter from Christine in Canton, who wrote to me about her son. She writes:

My oldest child is a 21-year-old college student (soon to turn 22 in February), who is also transgender. He suffers from anxiety and depression. He's been working very hard to complete college while also seeking treatment for his mental health issues. He sees a therapist weekly and has also been hospitalized twice for mental health issues since he's been in college.

Luckily, due to the Affordable Care Act, he is able to remain on our insurance, where the co-payments for both therapy and hospitalization are at least manageable. If he were not to have coverage through our insurance, I'm not sure that we could afford to pay for his treatment—and as a college student, he certainly could not afford to pay for it. It frightens me to think of what will happen to him if he is not able to receive treatment to keep him healthy.

Like so many others covered by the Affordable Care Act, it is a life or death situation. I need to know that you will fight by any means possible to keep the Affordable Care Act from getting repealed.

I also have a 19-year old college freshman and a 17-year old high school senior. While they do not have the same health issues as their brother, we all know how that can change in an instant. The repeal of the Affordable Care Act will also have consequences for them down the line.

I guarantee, Christine, I will be here to fight for you, to fight for keeping the Affordable Care Act for you and for families like yours.

Denise from southeastern Massachusetts wrote to me about how her family is fighting cancer. Here is what she said:

We are family of four, with three cancer survivors. My husband is a childhood cancer survivor who is now fighting a blood disorder and is a patient at Dana Farber. I am a three-time cancer survivor. Having been diagnosed with breast cancer at age 42 (with no family history), I have since had two recurrences.

I have had radiation, five years of tamoxifen therapy, a bilateral mastectomy, and reconstruction. My reconstruction has been difficult, with five surgeries within 18

months. I have been postponing another surgery due to cost, since my insurance has changed for the worse. At age 23, my daughter was diagnosed with Hodgkin's lymphoma and underwent surgery and seven months of chemotherapy.

We are a family that has always been proactive and responsible in receiving regular health care. Now, my husband and I have been rejected for long-term care. My daughter, who has two children, pays a higher premium for life insurance and has been denied cancer insurance. We are in a position where we cannot even succeed in our attempts to take responsibility for ourselves.

This outreach to you is a further attempt to do just that; to maybe give you one more example of reality in your fight for us. We are not whining; we are fortunate to be a close, loving family that has had the strength to rally every time adversity has struck.

But we are tired from the fight and very afraid for the future. It is shocking to us that, in the richest country in the world, after years of working, planning and saving, that we are at the point of fearing a possible bankruptcy in our later years. We also fear financial destruction for our hard-working children due to uncovered medical expenses or the possible exorbitant premiums of a high-risk insurance pool.

Please, please never tire in the fight for access to comprehensive affordable healthcare. Good medical care should not be a privilege for the rich, but a fundamental right for all.

Boy, I am with you on that one, Denise. It is a fundamental right for all, and that is what we will continue to fight for.

I also received a letter from Jenny in Worthington. And I want to read you Jenny's entire letter because she really underlines what is at stake in this fight.

My husband and I have spent our entire careers in the arts. I write music for the theater; my husband is a novelist, playwright, and freelance medical writer. We have two children. We own a home. We paid back every dime on our student loans and we contribute regularly to our self-funded retirement accounts. We have no consumer debt. In short, we are hardworking, fiscally responsible people.

We recognize the trade-offs that come with being our own bosses. We enjoy the freedoms of self-employment, and take seriously the extra burden that society imposes on us, including making our own Social Security payments, contributing to Medicare, and buying health care on the individual market, something we have done our entire adult lives.

When the Affordable Care Act was passed, we were thrilled. For the first time, we had adequate coverage for our family. Our deductibles shrank. We lost the dreaded co-insurance provision and began to think that we could prepare financially should we face the worst.

Or so we believed.

Our difficulties began in late 2014, when I was diagnosed with breast cancer. Over the weeks that followed, I endured 5 surgeries, including a unilateral mastectomy and reconstruction. Almost immediately after, I began to experience complications. Since then, I've come to learn that I was having a reaction to the silicone implant used in my reconstruction and that was just the early stage of a complex autoimmune condition that still lacks a name.

Back then, all I knew was that I was wracked with constant, severe pain. I lost the ability to walk. I could no longer think straight and I lost sight in my right eye.

Luckily, we stumbled upon an article by a Dutch team that had examined a cohort of women suffering from the same condition. After consulting with the lead author of the paper, we decided that my implant was to blame, and we determined to have it removed.

Although I experienced some relief immediately after ex-plantation, I have never fully recovered. The joint pain and exhaustion persist. I have shed more than a third of my body weight. The battery of medications I take do little more than keep my pain at bay, permitting me to drive my son to school or shop for groceries, but not much more.

As for my artistic life, it has been put on hold. I have unfinished commissions from two theaters—Chicago Shakespeare Theater and Playwrights Horizons, in New York City—and both institutions have been incredibly patient. Yet the truth is that I have been unable to work for more than two years.

Severe cognitive impairment is a hallmark of my condition, and I have serious problems with my short-term memory. Holding the thread of conversation is incredibly difficult, and I experience blinding headaches if I write music for more than a couple of hours. Frequently, it feels as though someone has reorganized my brain but forgotten to leave me the instructions. It is frustrating; it's terrifying.

Only one thing has made it possible for me to survive this at all: the coverage I receive through the ACA.

The day I got my cancer diagnosis, I was in the process of re-certifying through the Massachusetts Health Connector. I was thrilled when my local Navigator told me that thanks to my new diagnosis, I qualify for Massachusetts' Breast and Cervical Cancer Treatment Program, a Medicaid-backed initiative designed to cover middle and low-income women through their treatments. Not only would I be covered, but our two children would also be insured by MassHealth, our state's Medicaid program. Though my husband continued to purchase care through a separate plan, this single event saved our family from financial ruin.

Now, all of that stands to change. With the repeal of the life-saving provisions guaranteed by the ACA, we are faced with the complete erosion of our savings. The Republican Congress has already voted to eliminate the ban on denying individuals coverage on the basis of previously existing conditions, meaning that I will most likely be uninsurable. What will happen then? Will we go bankrupt? Will we lose our home? How will I cope without my medications when we can no longer afford to pay for them?

The passage of the ACA did more to shore up our little family than any other piece of legislation in my lifetime. It has enabled me to face my grave illness without worrying whether cost would be a factor in my treatment or whether I could try the next medication my doctors prescribed to relieve my pain.

In sharing our story on social media, I have been overwhelmed by the outpouring of concern from our tiny community of theater professionals. The President of the Dramatists' Guild, a professional association for theatre artists, called me to offer the assistance of their Emergency Fund should we need it. And while it is heartwarming to receive the support of my professional community, the hard truth is that even the most doggedly determined not-for-profits can't possibly replace the broad social safety net of the Federal government—a safety net Republicans are determined to shred.

In every industrialized country but ours, health care is considered an inalienable human right. It is abhorrent to claim that

care is something Americans should have to “shop for.” Price-comparison shopping may seem like a wonderful market-driven design, but in reality it forces us to confront the terrifying arithmetic of balancing how much care we need against what we can afford. The sicker one grows, the harder it becomes to solve that equation.

We have no idea what the Republicans intend by way of a replacement to the ACA. They refuse to specify, despite their years of claiming that the ACA is a failure. They talk of expanding Health Savings Accounts (HSAs), though such accounts represent nothing but a disingenuous transfer of the cost to the consumer. Even if such an approach made sense, how far would \$6,750 (the current HSA limit) go in meeting actual health care costs? That amount would be wiped out after a single visit to the emergency room.

What’s more, where do they expect sick Americans—those fighting for their lives and unable to work precisely because of their illnesses—to suddenly uncover \$6,750 to sink into a tax-sheltered HSA?

Clearly, this idea has been put forward by people who do not depend on their health insurance for their very lives. They pretend that this sort of thing will save “our system,” but their proposal is like offering a patient an Advil for an amputation—laughably inadequate at best; an utter horror at worst.

What’s more, efforts like the expansion of Medicaid under the ACA have already saved us. Or many of us. Certainly me, in any case. A Republican friend wrote me recently, venting about the “third-world” coverage Medicaid provides. What he had to say was ignorant and false. Medicaid isn’t failing. To the contrary, it has saved my life and the lives of many others who have simply had the misfortune of falling ill. And isn’t that, after all, one of the primary functions of government? To care for its citizens and return them to the ranks of the healthy and productive?

We have no idea what the year ahead holds for us. It is likely we will face health premiums of \$24,000 or more for a low-level plan. Our premiums will consume 30% of our income, more than our mortgage. Despite MassHealth, we shelled out nearly \$15,000 for uncovered medical expenses in 2016, and we are already on track to surpass that number this year. On top of everything else, this is the year our daughter starts college. I’m not the typical Medicaid patient that people seem so fond of demonizing, nor am I some poster child of the ACA. I am simply one of the countless individuals whose story does not fit the narrative the Republicans are attempting to feed us about the ACA and about what it means to be sick in America. Medicaid is on the chopping block not because it is failing, but because the people who benefit from it too often fail to speak up on their own behalf. Their silence has nothing to do with a lack of will or words. They are simply too busy struggling to survive.

Medicaid benefits our poorest, yet it also assists those slightly higher on the income ladder—people like me who would vastly prefer to be thriving without it. Many more people than you suspect have turned to it in a time of need. They aren’t merely characters in some musical or play. Trust me, I know. They are your friends and neighbors. They are families whose lives have been unended by illness. This is what happened to my family. And, with a single diagnosis, it could be your family too.

Thank you. Thank you for writing. This is why we are here to fight.

I also heard from Kaitlyn, from Cambridge, who said the ACA has allowed her to continue pursuing her postdoctoral research. She says:

I am postdoctoral fellow at MIT, and I have a pre-existing condition. In 2012, during my second year of grad school, I started having debilitating pain in my abdomen. The pain was so bad I couldn’t eat or sleep, and I lost 30 pounds over two months. The pain was so bad I couldn’t wait the full 3 months to see a specialist, and I went to the ER and finally got a diagnosis for an autoimmune disease and began treatment.

However, my condition was so advanced that a little over a year later I needed an emergency surgery while I was visiting family out of state. I spent six nights in the hospital and rang up a bill in excess of \$50,000. Luckily, I was 25 and still on my parent’s insurance. Additionally, I was doubly insured by the student health insurance from the University of California, for which I was automatically enrolled through my graduate program. Other than a \$200 deductible, my hospital bill was paid in full.

Now that I have a chronic illness, having quality healthcare and regular checkups is vital to staying healthy and productive. My medication, Humira, costs \$5,000 a month out-of-pocket, which was more than double my grad school stipend. With insurance, I only pay \$25 a month. Though surgery helped me tame the inflammation in my intestines, my disease began to express itself as arthritis in my joints. The pain was so bad that one Christmas I canceled my trip home to see my family and spent the whole time alone on my couch. I had a bad reaction to some of the medications and became so severely anemic that I needed a blood transfusion. Additionally, one of the medications I take causes severe birth defects. So I needed an IUD to prevent pregnancy.

Easily, all these conditions could become overwhelmingly expensive. But with my student health insurance through the University of California, I could afford it. The premium was \$300 per month, part of which was covered by the university. My medications cost \$110 a month, and I had a yearly out-of-pocket maximum of \$2,000. While I didn’t get my insurance through the exchanges, the other conditions of the ACA which determine the minimum quality of care made it possible for my care to be affordable.

By having proper treatment and care, I can be a productive member of society. I have received my PhD in Applied Mathematics and my research contributes to the design of medical devices that can be used for cancer screening. I am able to mentor young girls and encourage them to study math and science. And who knows—one of them may cure cancer one day! Since I am no longer in pain and I am not in debt, I was able to find a prestigious job after graduation. When a state provides for the health of its people, they can thrive at home and at work. It is not only the moral choice, but also a good choice for the economy.

Kaitlyn, thanks for writing and thanks for being one of the big success stories under the Affordable Care Act. This is what we are fighting for tonight.

I also heard from a young woman in Somerville named Samantha. Here is what she wrote:

I’ve been dealing with severe mental health issues since I was a kid. I am now 27. In that time, I have been through numerous hospitalizations, residential treatment, day treatment, intensive outpatient treatment, and outpatient treatment.

When I was 18, I had to drop out of college and spent 3 months in residential treatment for my eating disorder. The year prior, I spent 2 months in residential treatment and 6 months between day and intensive out-

patient treatment, and I had been in therapy for 4 years.

Due to Massachusetts law, I was still covered by my parent’s insurance, but the Massachusetts health care reform didn’t stop insurance companies from imposing lifetime limits. At 18 years old, fighting for my life, I overheard my parents discussing lifetime limits in regard to my health care. I don’t know how much all that treatment cost, or how much of my lifetime limit I had consumed. For the next 7 years, I was in and out of treatment at various levels.

Mr. President, I ask unanimous consent to extend my time by 10 minutes, if I might, to finish my stories.

The PRESIDING OFFICER (Mr. JOHNSON). Without objection, it is so ordered.

Ms. WARREN. Thank you.

In 2014, when I had my own health care, I had a bad relapse. For the first time I was paying for my own treatment. I had health insurance through my employer that was really good, but even with that, for 1 month of residential treatment, 1 month of day treatment, and 3 months of intensive outpatient, plus therapy, a nutritionist, a psychiatrist and medication—all crucial to my recovery—my out-of-pocket health care costs reached almost \$10,000.

These days, I am much more stable and have remained in relatively good health, but all because of the continued support I get from my therapist, psychiatrist, and doctor. I can only imagine how much money has been spent and how close I’d be to my lifetime limit if those were still in place. And of course, all that adds up to being a “pre-existing” condition.

The simple fact is that I would most likely be dead today were it were not for the protections provided by the ACA, and if I lose those protections, if I have another relapse, I will either end up dead or unemployed and mired in debt.

Samantha, thank you for writing. Thank you for fighting. That is why we are on the floor of the Senate tonight, to continue to fight for the Affordable Care Act and to continue to fight against cuts to Medicare and Medicaid. This is what is at stake for families in Massachusetts.

As Jennifer said in her letter: This is us. This is now, and this is real. Congressman PRICE wants to cut more than \$1 trillion from Medicare and Medicaid. But I am not giving up, because I am here to fight for Lee and Meg and Jill and Marika’s baby Jack.

Congressman PRICE wants to rip up the behavioral health protections in the Affordable Care Act. But I am not giving up, because I am here to fight for Christine’s son and Jackie and Samantha.

Congressman PRICE wants to get rid of the ACA’s ban on discriminating against individuals with preexisting conditions. But I am not giving up, because I am here to fight for Jenny and Kaitlyn and Olivia and Denise and Jennifer.

I will fight for every one of them and for the tens of millions of people who are counting on Medicare and who are in need of Medicaid to pay nursing home bills and to help with home health care for people with disabilities and who need that Medicaid money for children with serious problems. I will

fight for every one of them. Where are three Republicans who will do the right thing and fight alongside me? That is what tonight is all about.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, I rise in strong opposition to the nomination of Congressman TOM PRICE to be the next Secretary of Health and Human Services. My opposition to Mr. PRICE has less to do with his well-known, extreme, rightwing economic views than it has to do with the hypocrisy and dishonesty of President Trump.

The simple truth is, Congressman PRICE's record is the exact opposite of what President Trump promised to working families and for senior citizens all over this country. If President Trump had run his campaign for President by saying: OK, Americans, I am going to cut Social Security, and I am going to cut Medicare, and I am going to cut Medicaid, and I am going to put together a Cabinet that will do just that, I think Congressman PRICE would have been the perfect candidate for Secretary of HHS, but that is not the kind of campaign Donald Trump ran.

He ran a campaign in which he said over and over again: I am a different type of Republican. I am not going to cut Social Security, I am not going to cut Medicare, and I am not going to cut Medicaid. Yet he has nominated individuals like Congressman PRICE, who have spent their entire career doing the exact opposite of what Donald Trump promised the American people he would do.

If Mr. Trump had said: I want to prevent the American people from getting low-cost prescription drugs from Canada, and I want to continue to prohibit Medicare from negotiating for lower drug prices, Congressman PRICE would have been a great choice, but that is not what Donald Trump said during his campaign.

This is what President Trump said. During the campaign on May 7, 2015, Mr. Trump tweeted:

I was the first and only GOP candidate to state there will be no cuts to Social Security, Medicare, and Medicaid.

On August 10, 2015, Mr. Trump said:

[I will] save Medicare, Medicaid, and Social Security without cuts.

Without cuts.

[We] have to do it. . . . People have been paying in for years, and now many of these candidates want to cut it.

On November 3, 2015, Mr. Trump said:

I'll save Social Security. I'll save Medicare. . . . People love Medicare. . . . I am not going to cut it.

On May 21, 2015, Mr. Trump tweeted:

I am going to save Social Security without any cuts. I know where to get the money from. Nobody else does.

On January 24, 2015, Mr. Trump said:

I'm not a cutter. I'll probably be the only Republican that doesn't want to cut Social Security.

Mr. Trump did not make these statements in the middle of the night. It

wasn't an ambush interview with some reporter who caught him off-guard. This was one of the centerpieces of his campaign for President. And I think whether you are a Republican or a Democrat or Independent or whatever you are, you will acknowledge that Mr. Trump said: I am not a conventional Republican. I am going to do it differently. Everybody else, all the Republicans, they want to cut Social Security, Medicare, and Medicaid. And he is absolutely right. They do. But he made a promise to the American people that he would be different, that he would not cut Social Security, Medicare, and Medicaid.

President Trump sends out tweets every single day, but the American people are waiting, are still waiting for that one tweet which says: I will keep my promise. I will not cut Social Security, Medicare, and Medicaid, and if Republicans give me legislation to do that, I will veto that legislation.

In fact, the President could save us all a whole lot of time if he would get on the phone now with the Republicans in the House and some here in the Senate and say: Hey, save your efforts. Don't waste your time because if you bring me legislation that will cut Social Security, cut Medicare, cut Medicaid, I am going to veto it.

If President Trump sent that tweet, it would save us all a whole lot of time but, more importantly, it would tell millions of seniors who today cannot make it on \$13, \$14, \$15,000 a year in Social Security that he will not make their lives more difficult. He will tell seniors who are struggling with difficult, painful, costly illnesses that he is not going to devastate Medicare.

He will tell low-income people who are trying to survive on minimum incomes that he will not take away the health insurance they have through Medicaid, and he will tell middle-class families and working-class families that, no, they do not have to worry that their parents can remain in nursing homes and have those bills paid by Medicaid.

What I think the American people are worried about is not just that Mr. Trump has not yet sent out that tweet. We did get a tweet about Arnold Schwarzenegger and how well he is doing on his TV show—we got several tweets about that—but we did not get the tweet that tells seniors and working people they do not have to worry about their future; that this President was not lying but was telling the truth when he said he will not cut Social Security, Medicare, and Medicaid.

The problem is, President Trump has nominated people like Congressman PRICE whose views are absolutely contradictory to what he campaigned on. So why would you appoint somebody whose views run exactly opposite to what you told the American people during your campaign?

The truth is, in the House of Representatives, Congressman PRICE has led the effort to end Medicare as we

know it by giving seniors inadequate vouchers to purchase private health insurance.

In 2009, Congressman PRICE said, and I quote—and I hope people listen to this quote and try to ask yourselves: How could somebody who ran on a campaign of not cutting Medicare appoint this gentleman to be Secretary of Health and Human Services? This is what Congressman PRICE said:

Nothing has had a greater negative effect on the delivery of health care than the Federal Government's intrusion into medicine through Medicare. . . . We will not rest until we make certain that government-run health care is ended.

Now, how does that tally with Candidate Donald Trump saying: I will not cut Medicare and Medicaid.

We don't need an HHS Secretary who will end Medicare as we know it. We need an HHS Secretary who will protect and expand Medicare. The idea of this voucher program, of ending Medicare as we know it, as a defined benefit plan and converting it into a voucher plan, not only contradicts what Candidate Donald Trump said, but it will be a disaster for millions of seniors.

Right now, if you are a senior and you are diagnosed with a serious and costly illness, you have the comfort of knowing that Medicare will be there throughout your illness. It will pay your bills.

The Republican plan, led by Congressman PAUL RYAN, has a very different approach, and what that plan is about is a voucher plan which says that we will end Medicare as we know it. We will give seniors a voucher of an undetermined amount—the last number I heard was \$8,000; it may go up, it may be lower—and give that check to a senior who then goes out into the private insurance market looking for the best policy that he or she can get.

I would like the American people to think for a moment what kind of policy an 80-year-old person who is struggling with cancer and who has a check for \$8,000 can get. The answer is, when you go into a private insurance company.

Also, if the Republicans are successful in doing away with the Affordable Care Act and the patient protections within the Affordable Care Act, including a ban on the insurance companies' ability not to insure you if you have a preexisting condition—now let's assume they got rid of that.

Now you are 80 years old. You walk into an insurance company, and you say: I have been diagnosed with cancer, and here is my check for \$8,000.

The insurance agent looks at you and says: Are you kidding? Don't be absurd. Why would we cover you? What do you think we are going to give you for \$8,000 when you are about to run up some enormous health care costs related to cancer? You are going to be in the hospital. You are going to undergo all kinds of treatment. You are going to need expensive drugs, and you expect us to take you with an \$8,000

check. How are we going to make any money out of you? Because that is what our job is. We are an insurance company. We don't care about health care. We care about making money. That is our function. We don't make money on \$8,000 for taking care of somebody who is 80 years of age who has cancer. Furthermore, because the Republicans got rid of the law protecting people with preexisting conditions, we don't even have to take you. Or maybe we will take you, but you are going to have to add another \$10,000 on top of that \$8,000 because that is the only way we make money.

Oh, by the way, also, so there is no confusion, they want to raise the retirement age to make sure you keep working until 67 years of age.

So not only is that a disaster, but maybe in a deeper sense, if we take democracy seriously, if we think candidates should run for office based on what they really believe, all of that stuff is a direct contradiction to what Candidate Donald Trump talked about.

I have heard many Republicans say: Look, what he was talking about was really absurd. It was ridiculous. Of course we are not going to do that.

Well, then, that takes us to a whole other discussion: What does it mean if you have a candidate who runs for office who simply lies to the American people and really doesn't mean anything he says?

I have no problems getting up and debating or disagreeing with my colleagues who have a very conservative point of view. That is their point of view. This is a democracy, and we have different perspectives. And many of those candidates ran on positions. They were honest enough to say: Hey, if you elect me, I think we have to cut Social Security, and they gave their reasons. I think we have to cut Medicare; they gave their reasons. I think we have to cut Medicaid; they gave their reasons. I think we have to give huge tax breaks to billionaire; they gave their reasons.

Well, for some reason or another, the people in their State elected them. That is fine. It is called democracy.

But that is not what Donald Trump did as a candidate. So I rise in opposition to Congressman PRICE becoming Secretary of HHS because his appointment would go in diametrical opposition to what Candidate Donald Trump told the American people. I think that is a bad thing for democracy. If you run for office, keep your word, you know? Do what you told the American people you would do. The profound disgust so many millions of people feel for the American political process is not just of what we believe, it is that we don't keep our word, the promises we make to them, and this is exactly where Donald Trump is today.

Let me touch on another area where I think President Trump has not been clear with the American people, and that is, we pay today by far the highest prices in the world for prescription

drugs. One out of five Americans between 18 and 65 cannot afford to fill the prescriptions that their doctors write for them. The numbers go down after 65 because of Medicare Part D. But can you imagine living in a nation where one out of five people cannot afford to fill the prescriptions their doctors write?

Mr. Trump campaigned on taking on the pharmaceutical industry. Well, the record of Congressman PRICE is very different from the rhetoric that Candidate Donald Trump used during his campaign.

So I eagerly await Mr. Trump's statement—he can do it through a tweet; that would be fine with me—that says he will support concrete legislation that some of us are going to be offering very shortly which does two fundamental things that will substantially lower prescription drug costs in America today.

No. 1, at a time when you can buy many medicines for far less cost in Canada or in many other countries around the world, at a time when we have free trade agreements so that the lettuce and tomatoes you are having dinner can come from Mexico or Latin America or anyplace all over the world, the fish you eat can come from anyplace all over the world, we will introduce legislation that says that individuals, pharmacists, and prescription drug distributors will be able to purchase lower cost medicine in Canada and eventually in other countries around the world.

Mr. Trump—President Trump had talked during his campaign about taking on the pharmaceutical industry. I hope very much that he will at least keep his word on that issue and that he will join us in supporting legislation to allow for the reimportation of brand-name prescription drugs from Canada and many other countries around the world. If he is prepared to do that, we will pass it. We will pass it because there are a number of Republicans who support it, and the vast majority of Democrats support it. We have the votes to pass it, and if President Trump signs that bill, we will go a long way in ending the burden that so many elderly people and working people and people with chronic illnesses are facing today, and that is the outrageously high cost of prescription drugs.

By the way, this huge increase in prescription drug costs takes place at a time when, in 2015, the five largest pharmaceutical companies in this country made \$50 billion in profit—\$50 billion in profit in 2015—yet one out of five Americans under 65 cannot afford the medicine they need. The top 10 CEOs or executives in the pharmaceutical industry that year made over \$300 million in salary.

Passing reimportation is one mechanism to lower the cost of prescription drugs, but it is not the only one. We have a totally insane prescription drug pricing system in America right now. If you are Kaiser Permanente, you will

pay a certain amount for a drug. And by the way, of course, we don't know what that amount is that you are paying; that is secret. If you are Medicare, you will pay a different amount. If you are the Veterans' Administration, you will pay a different amount than Medicare. And if you are Medicaid, you will pay a different amount than Medicare or the Veterans' Administration. We have a situation today where by law the Veterans' Administration is able to negotiate drug prices with the pharmaceutical industry. Today we have a situation where Medicaid, by law, is guaranteed a significant rebate over list price. But in terms of Medicare, which spends over \$4 billion a year for prescription drugs, a number of years ago Republicans insisted that Medicare would not be able to negotiate drug prices with the pharmaceutical industry.

President Trump has indicated in vague language that perhaps he would support the ability of Medicare to negotiate prices with the pharmaceutical industry. Given all of the tweets he has sent out on so many subjects, I would hope that he has the time to send out a very simple tweet which says: If Congress passes legislation allowing Medicare to negotiate drug prices with the pharmaceutical industry, I will sign that bill. That tweet will have a profound impact on taxpayers because we can save very substantial sums of money, and it will also result in lowering the cost of prescription drugs.

Unfortunately, once again Congressman PRICE is coming from a different place than Candidate Trump came from—again, that contradiction of a President appointing somebody whose views are diametrically opposed to the views he raised during the campaign.

I think the American people are growing increasingly concerned about the contradictions in general, not just on health care, of what Candidate Trump said and what President Trump is doing. During the course of his campaign, not only did Candidate Trump say he would not cut Social Security or Medicare or Medicaid, he also said that he thought Wall Street was causing all kinds of problems and that you can't clean up the swamp by bringing people in who are a part of the swamp, in so many words. You can't bring people in to clean up the problem who have caused the problem in the first place. And you know what, he is exactly right. He is exactly right. You can't bring in people whose greed and recklessness and illegal behavior on Wall Street caused us the worst economic downturn in modern history of this country. You can't bring those people in and then say: We are going to solve the problem that Wall Street caused.

But in an exactly similar way to what he has done with the Secretary of Health and Human Services, he is bringing in top Wall Street executives. His main financial adviser comes from Goldman Sachs, one of the largest financial institutions in this country, a



financial institution that required a multibillion-dollar bailout from the taxpayers, an institution whose illegal behavior caused them to have to pay a \$5 billion fine to the Federal Government. Those are the people he is bringing in to regulate, to take on Wall Street. He is bringing Wall Street executives who caused the worst financial crisis in modern history of this country to take on Wall Street. Well, I don't think most Americans believe that.

So, Mr. President, let me close by saying that I hope that tonight the Senate stands up for the American people, demands that President Trump keep the campaign promises he made, and that we reject the nomination of Congressman PRICE to be the next Secretary of Health and Human Services.

With that, Mr. President, I yield the floor.

**THE PRESIDING OFFICER.** The Senator from Connecticut.

**Mr. BLUMENTHAL.** Mr. President, I am very honored to follow my distinguished colleague from Vermont on issues that he has worked so long and so hard and so well, and that is health care for our Nation and focusing on the fight for women's health, for access to affordable care for all Americans, and for a Cabinet truly free of conflict and corruption—a cause that we share in opposing TOM PRICE as the Secretary of the Department of Health and Human Services.

What is so painfully apparent to him and me and many of our colleagues is that Representative PRICE's nomination is a doubling down of the ongoing blatant attack on women's health by his administration. His radical anti-choice policies, antiquated views on reproductive health, and demands to repeal the women's health provisions of the Affordable Care Act disqualify him from serving as the next Secretary of Health and Human Services.

Before the ACA was signed into law, being a woman meant higher health care costs for simply being a woman. It is estimated that this discrimination cost them about \$1 billion more every year. They had to pay higher costs simply because they were women.

Representative PRICE has been clear about where he stands on this issue, with his policy effectively eliminating important protections against discrimination that were guaranteed under the Affordable Care Act. Under Representative PRICE's reckless proposal, all women, including healthy women, could see their insurance costs rise—and rise astronomically. His plan also means guaranteed coverage of maternity care services could be lost. It means well-woman visits, birth control, domestic violence screening, and breastfeeding support—all provided now without any out-of-pocket costs—would be lost. The simple truth is, with Representative PRICE's policies, many women will go without necessary care.

More than a quarter of all women and 44 percent of low-income women al-

ready rely on publicly funded health clinics like Planned Parenthood for contraception. Without guaranteed access to birth control, without cost-sharing, this number will certainly climb.

It isn't hard to see why, despite the lonely opposition of Representative PRICE and the Republican Party, 70 percent of Americans support a birth control benefit. Representative PRICE callously asked to see one woman who couldn't afford birth control, one woman who was left behind. If he is confirmed and if the policies he vigorously supports are enacted, he will see millions without necessary health care and particularly birth control.

As many know, Representative PRICE's attempt to defund Planned Parenthood means more than just losing access to birth control; it means cutting off preventive care, cancer screenings, and STD testing for millions of low-income women. The women who get their care from Planned Parenthood seek what all of us want, what all of us should have a right to receive—trusted, compassionate, and medically sound health care. Representative PRICE's politically motivated tax on Planned Parenthood put this care, and their lives, at risk.

Clearly, Representative PRICE is one of the most extreme Members of his party on issues of women's health, and that includes his views on women's reproductive rights—a woman's right to choose. He has supported radical legislation that would ban virtually all safe abortions and even some forms of birth control, which, in essence, would send our country back to a time when women died because the care they needed was outlawed. It was made unlawful; it was banned. That time has gone. We do not want it to come again.

Simply put, Representative PRICE's anti-choice views are not only ill-informed and unconstitutional, but they are downright dangerous.

Representative PRICE has also shown remarkable indifference to the concerns of the millions who will see their health insurance disappear—vanish—following repeal of the Affordable Care Act, if that disgrace should occur. For millions, the Affordable Care Act has been the difference between seeing a doctor at the first signs of disease and waiting until treatment is no longer an option. It has been the difference between financial security and bankruptcy. Much of the bankruptcy in the United States of America has to do with medical costs.

For many, it has been the difference—no exaggeration—between life and death.

The numbers support this point, whether or not Representative PRICE wants to believe them. Since the passage of the Affordable Care Act in 2010, the percentage of uninsured Americans is the lowest it has been in 50 years or more. The positive impact of this law is felt every single day in the State of Connecticut. It has reduced our unin-

sured rate by a massive 34 percent, resulting in 110,000 Connecticut residents gaining coverage. Many of my constituents have felt emphatic about—and have told me so—exactly how the Affordable Care Act has changed their lives and their family's lives for the better.

Representative PRICE refuses to guarantee that these families will be covered following repeal. So I hope he hears their stories and understands what the Affordable Care Act means to them and the millions of other Americans whom he chooses not to see, not to hear, not to know exist.

Representative PRICE refuses to guarantee that these families will be covered. For example, I point to a woman in Connecticut named Colleen who told me that before the ACA was passed, her medications alone cost \$250,000 each year. That is a quarter of a million dollars. Thanks to this law, she has affordable care, no lifetime limits, and knows she will not be a victim of discrimination or denied coverage of her preexisting condition. Colleen said the Affordable Care Act has been the difference for her between life and death.

I have also heard from a father whose daughter has a chronic illness. He asked that I emphasize to all of you, my colleagues, that health insurance is “not a luxury, but a necessity” for his family. His daughter represents one of the 1.5 million people in Connecticut who are now protected from discrimination based on preexisting conditions, thanks to the Affordable Care Act.

I have heard from a retired pastor who counts on the Affordable Care Act for coverage, a farmer who fears for his family's health after repeal, a young woman who was able to start her own business because of the assurances promised by health reform, and a veteran who is scared for his wife.

Representative PRICE cannot promise that these people will keep their coverage, and he has said that outlawing discrimination because of preexisting conditions is “a terrible idea.” He thinks it is a terrible idea to outlaw preexisting conditions. I saw the effects of preexisting conditions year after year when I was attorney general, and I went to bat and fought for people who were denied health care because their insurance companies told them that health care isn't to take care of a preexisting condition not covered by their policy. His proposals do not expand access to affordable care, and they do not protect patients.

Representative PRICE's nomination is wrong for the people of Connecticut and for the people of this Nation.

Representative PRICE's plans would also do away with the expansion of Medicaid under the Affordable Care Act, disrupting the lives and health of nearly 15 million Americans. This would leave so many people without access to preventive care, lifesaving medications, and necessary medical interventions. This is simply unacceptable and cannot be the policies of the

Secretary of Health and Human Services.

In fact, instead of expansion, Representative PRICE wants to block-grant Medicaid and cap the program, resulting in higher costs, less coverage, and devastation for millions of Americans, half of them children who rely on this program.

In Connecticut, we have been hit hard by the opioid addiction epidemic. It is a national scourge, a public health crisis, and we have relied heavily on Medicaid to fill the gaps. At a time when this epidemic needs more resources, not less, Representative PRICE would work to strip that away, leaving people who rely on Medicaid without treatment.

His plan for our Nation's seniors is just as dismal. He champions privatizing Medicare by turning it into a voucher system and ending the promise of guaranteed health benefits.

Giving seniors a fixed amount of funds to buy health insurance would result in high premiums, increased out-of-pocket costs for seniors, many of them already on a fixed income. And for many Americans, Representative PRICE may mean the difference between being able to purchase lifesaving medications and putting food on the table or heating their homes.

Finally, like many of my colleagues—and Senator SANDERS made this point so well—I have serious concerns over Representative PRICE's potential conflicts of interest. Having repeatedly purchased stock in health care and pharmaceutical companies that would directly benefit from his legislative efforts and advocacy on the company's behalf, he nonetheless made those investments and kept them.

In the face of these allegations, Representative PRICE has simply refused to provide information that could disprove violations, which has led many Americans to question whether Representative PRICE will truly put their best interests before crony capitalism.

The American people know better. These potential conflicts of interest and views on the Affordable Care Act, Medicaid, and Medicare are out of touch and out of line with what Americans want and our Nation needs. We should be building on the success of these programs, not tearing them down, and we should be working with one another to improve the health of all Americans, not fostering divisions. Sadly, Representative PRICE's views and policies make this very attainable goal really impossible. Simply put, his proposals are dangerous, they are disgraceful, and they are disqualifying.

I cannot vote for Representative PRICE to lead the Department of Health and Human Services. I will oppose his nomination and I urge my colleagues to do the same.

Thank you, Mr. President.

I yield the floor.

**THE PRESIDING OFFICER.** The Senator from New Jersey.

**Mr. BOOKER.** Mr. President, we have had a lot of long nights here, and I just

want to take a moment again to really give my gratitude to the staff. A lot of folks go into making the Senate work. We can see a lot of them down here. I can't imagine the days that they have been pulling, as we have been pulling long nights. Many of them get here early in the morning and they go a long way. So I want to thank them, from the stenographers to many of the Senate staff who make it work.

I also want to thank the pages again. These are young folks who have to carry a full load of classes and course work—hard stuff. I don't understand why they haven't come to me to help them with their calculus homework. But the reality is they are working a full class load of courses as well as being here with us around the clock. They probably aren't caught by cameras. They aren't even getting C-SPAN glory. But your presence here really means a lot, and I am grateful for that as well.

I rise specifically to speak about the President's nomination of Congressman PRICE to be his Secretary of Health and Human Services.

I want to take a step back and talk about the profound history that the United States of America has in terms of our bringing together the resources of this country to combat public health crises. We have a country where every generation has been able to step up and take on things that threaten the common health.

There was a time in this Nation when we had actual child death rates that were tragically high, and that for an industrializing nation, our water, the quality of our milk, women dying in child birth, and children dying was a common thing. But we had this bold understanding that in America, a Nation that believes in life, liberty, and the pursuit of happiness, the common health is important. And we took steps that, frankly, in a booming industrial economy, the private sector couldn't do. We took steps to protect the public health, and we made great strides.

It was a Republican President, actually, in 1953, Dwight D. Eisenhower, who actually created what was then a version of what is now the Department of Health and Human Services. Specifically, it was called the Department of Health, Education, and Welfare.

Now, the very first Secretary was a woman, and her name was Colonel Oveta Hobby. She had served as the director of the Women's Army Auxiliary Corps during the Second World War. She was, in my just great reverence, someone who served and fought for health and safety and security during World War II.

As Secretary, Secretary Hobby had an expansive and expanding role. It was a demanding role. She was coordinating the distribution of polio vaccine, overseeing countrywide hospital expansions, overseeing Social Security and the Federal education policy. She had a huge role, one that was so full that one newspaper joked that "when

she [actually] learns her job, Oveta Hobby may trim her week to just 70 hours." This was someone who went out there as an agent of the government to lift up the welfare of all of our citizenry, the health and well-being of everyone, again pushing toward those ideals.

In the United States, we really do believe in this idea of life, liberty, and the pursuit of happiness, freedom from deprivation, freedom from illness, the belief that we can have life and have it more abundantly. To Secretary Hobby, this was her duty to her country—someone, again, who served valiantly in World War II.

In the collection of papers from Secretary Hobby's lifetime, Rice University includes that she was a great humanitarian and that she believed there was a role—a "common thread," to use her words—to service to her country toward the empowerment of health for all. She set a standard, a powerful standard, as the first Secretary of Health for the greater good that we, acting collectively, could do to ensure the health and well-being of our Nation.

In fact, it was an understanding from President Dwight D. Eisenhower all the way down to Secretary Hobby that if we ensure people's health and access to health care, it is not just an individual concern, but actually, societally, we become better and we become stronger. The healthier all children are, the more likely they are to go out there and compete. If you are battling sickness, it undermines your economic well-being. In the world of infectious diseases, the words of Martin Luther King are true: Injustice anywhere is a threat to justice everywhere; in fact, an illness somewhere is the threat of an illness to people everywhere. This was the brilliance of Republican President Dwight D. Eisenhower, and it is how this great Department began, setting the standard, understanding that in many ways we are all in this together when it comes to our health.

So for me, this is another point in history. It is a challenge to us as to who we will be as a Nation. Will we continue to be a country that believes, as a fundamental birthright in the richest Nation on the Planet Earth, that everyone can access the highest quality health care, the best access to quality doctors with wide avenues to pursue the rich abundance of life because we have the best health care system on the Planet Earth?

I actually was happy to hear President Trump on the campaign trail talk specifically about this issue, tell us we were going to have a health care system better than the one we have now, specifically calling it ObamaCare; that we were going to have one that is amazing, one that is going to be covering more people. I think the word that was used was "terrific"; it was going to be terrific. He specifically spoke about some of the bedrock elements of our current health care system that Republicans and Democrats

both agree are things we want to preserve, protect, and in fact make better. He specifically talked about Medicare and Medicaid, defending them: They wouldn't be taken away; they wouldn't be undermined; people wouldn't be kicked off.

So with this excitement, hearing that we have a President committed to these ideals, creating a terrific health care system, we stand on this history in our country where we know our greatness, and it is an affront if we don't have a system that takes care of our most valuable natural resources: the people of this country and a global, knowledge-based economy. What helps us compete is the quality of our workforce.

I am telling you right now, I have learned in my professional life that when children are sick, they don't learn; when a mother is sick, it throws the whole family into crisis; if someone can't afford their medication, it is not just a sin to this country's values, it is a sin morally.

So when President Trump nominated his person to be Health and Human Services Secretary, we might imagine they would reflect the values that he espoused during his campaign and reflect the values he has talked about as President. But instead, he has chosen someone who is diametrically opposed to the things he says he is for—preservation of Medicare. More than this, he has advocated a view on health care that unequivocally would take millions of Americans off of health coverage, thrust millions of Americans into economic crisis, and put the health of many millions of Americans in jeopardy. Usually people say these things hyperbolically, but this is quite clearly a matter of life or death.

For years, Congressman PRICE has told us who he is. He has led the charge in the House of Representatives to repeal the Affordable Care Act and take coverage away from millions of Americans while advocating specifically for the privatization of Medicare and the gutting of Medicaid. For years, Congressman PRICE has advocated for anti-choice, anti-contraception access, anti-commonsense measures, and supported efforts to defund and eliminate proven programs like title X family planning, programs like Planned Parenthood which, through their Medicare reimbursements, often in many communities is the only access women have in their communities for cancer screenings or to get contraception.

Congressman PRICE has been one of the loudest voices on tearing down many of the things that now Americans overwhelmingly say "Hey, now that we've got this, we don't want to lose it," whether that is not having insurance companies dictating to you whether you get health insurance or not having pharmaceutical companies ratchet up prices so much that your lifesaving drugs are out of reach.

Then finally, at a time when we cannot afford to have people who have conflicts, we have a Congressman right now for whom other House Members

are calling for ethics investigations because his personal financial interests clearly have been in conflict. In fact, he seems to be building a career as a Congressman working on health policy on one hand while building a fortune trading health stocks directly related to that work. This is a man who is so conflicted, a man who is so contrary to what our President says he believes, a man who has been leading the charge to take our health care back in an affront to the ideals that literally stem from the founding history of our Department of Health. I cannot support this individual.

But let me quickly go through some of these things. We now have to have an honest conversation in our country about this idea of repealing the Affordable Care Act without replacing it because objective organizations like the Congressional Budget Office, conservative organizations like the American Enterprise Institute, and fellow Republican Senators of mine have acknowledged that to repeal the Affordable Care Act would throw into crisis millions of hard-working Americans who have been able to get coverage because of the health insurance marketplace and the Medicaid expansion. Millions of Americans can now go to a doctor when they feel sick instead of going to an emergency room. By the way, as a local mayor—when people use emergency rooms as their primary care facility, it is extraordinarily more expensive; it is fiscally irresponsible.

Because of the ACA, millions more Americans can now access basic health and preventive services that can lead to lifesaving opportunities that did not exist before. Millions more Americans have the peace of mind of knowing that they are no longer one illness away from financial ruin.

Let me put up a chart for a second about the history of people having insurance.

This is the percentage of uninsured in the United States—going along, about 18 million uninsured. And then what happens? The uninsured rate has been driven down. Enrollment in the individual market continues to rise but has now decreased since 2014.

In late December 2016, Standard & Poor's—hardly a Democratic organization, but a market-based organization—released an incredibly optimistic report for the future of the individual market in the Affordable Care Act. But Congressman PRICE, on the other hand, has repeatedly introduced legislation and resolutions to repeal critical elements or the entirety of the law responsible for these successes without any regard for consequences. He has done this again and again and again and again, eight times. He authored a bill last year that would repeal critical parts, like the Medicaid expansion provision that has expanded access to care for millions, tax credits that would help millions buy insurance. And Congressman PRICE has introduced legislation that would fully repeal the Affordable Care Act.

I want to let you all understand that, to me, this is a point in our American

history where this isn't arguing over opinion; these are facts about what Congressman PRICE has done. If he were successful in any of those eight attempts to rip down the Affordable Care Act, we now know objectively from organizations like the independent Congressional Budget Office that it would mean 18 million people losing their health insurance in the first year alone, 32 million of our fellow Americans by 2026. Objectively, there would be increases in premiums in the market by 20 to 25 percent; 4.4 million of those Americans who would lose coverage would be children; and 11 million of the most vulnerable would lose their Medicaid coverage.

There is a man named Andy Slavitt who is a former Acting Administrator of the Centers for Medicare and Medicaid—again, what our President says he wants to preserve. He put together a list because so many people were calling him, writing him: What are going to be the consequences if they repeal the Affordable Care Act without replacing it? What are the consequences? And he just went through a list: Small businesses, farms, self-employed Americans represent 20 percent of the coverage of the exchange. These are individual entrepreneurs, many of whom, by the way, experience something called job lock, where they are afraid to become entrepreneurs because if they lose their jobs, they lose health insurance. Twenty percent are covered by the exchange, and 127 million Americans—127 million Americans—have preexisting conditions. They would be put at jeopardy, and insurance companies would be able to deny them coverage.

Seniors, Medicare beneficiaries, have saved \$2,000 on prescription drugs because of the ACA—\$2,000; 30 million Americans are on individual policies and Medicaid; 2.8 million Americans with drug disorders would lose coverage; 1.25 million Americans with mental health disorders would lose coverage—1.25 million Americans with mental health disorders. In other words, the ACA put mental health care on parity with physical health care. A 42-percent reduction in uninsured rates for veterans has resulted. He said that bad debt—bad debt, bankruptcy—would go up by \$1.1 trillion because health care bills would again be the lead cause in this country of bankruptcy. In other words, before the ACA, the No. 1 reason people were declaring bankruptcy was because of medical bills. After the ACA, that can't happen. There are steps to prevent that from happening, at least to the extent of \$1.1 trillion.

The Medicare trust fund, which has been extended, will have several years reduced off its life expectancy. Taxpayers will lose \$350 billion added to the deficit and \$9 trillion would be added to the debt if it is repealed—2.6 million jobs lost, especially in communities like rural hospitals, where they

depend upon the ACA to keep doors open and hospitals running. Anyone who likes free preventive services like mammograms and better cancer treatment, preventive services that literally save lives by early detection, gone.

Young adults, 3.1 million right now on their parent's plan because of extending the years. Women who want to buy health insurance will pay more than men in premiums because, amazingly, at times insurance companies would be charging you more simply because of your gender and 105 million people had lifetime limits on what insurance companies pay.

This is a list from one of the great experts who knows factually what would happen if we were to turn back the clock. Let me drill down a little bit more. As head of Health and Human Services, Congressman PRICE would be responsible for insuring the continuance of Medicaid.

Americans like Kelley from New Jersey are able to access care right now because of the Medicaid expansions under the ACA. I want to read what she said. She said:

Thank you for supporting the ACA. I hope that you will continue to fight hard for it. It's the ACA and Medicaid that allow me to be able to seek medical treatments for my scoliosis (which causes me to suffer from chronic pain) and ensure that my newborn receives appropriate medical care when need be.

I work full time and go to college but I still struggle to pay the bills, as I'm only 18 and fast food doesn't pay much even at 35 to 40 hours a week.

Here is someone going to college, raising a child, working full time, and relying on the ACA so she can inch toward her American dream, being a college graduate, getting a better paying job.

She concludes by saying:

I want my baby to have the health care she deserves so she can be happy and healthy.

The Medicaid expansion under the ACA has extended access for millions in our country, millions of hard-working people like Kelly and their children, like her baby, across the country.

In New Jersey alone, hundreds of thousands of people gained coverage. Uncompensated costs were driven down, and my State saved a billion dollars, all because of Medicaid expansion.

Republican Governor of New Jersey: Medicaid expansion was the right fiscal decision for our State and for our communities' families who live in our State.

In PRICE's efforts to undo ACA Medicaid expansion, he has indicated people like Kelly and her newborn baby are not a priority.

I know for a fact that hard-working people across the country and in my community will suffer if PRICE is able to do what he intends to do and has tried to do.

Let me go to another issue; that is, Medicaid. How about Medicare? As Secretary PRICE, he will be responsible for overseeing Medicare, the health care program that services 57 million American seniors and those with disabilities.

Under the Affordable Care Act, we know that the quality of Medicare coverage has improved. The life of the Medicare trust fund has been extended, and we have begun to close the gap in prescription drug coverage that too many seniors and people with disabilities—they know about this. It is known as a doughnut hole. There is more work to do to strengthen Medicare and to make prescription drugs more affordable for everyone, including our seniors.

The changes we have done already have had real positive impacts on the daily lives of Americans. Let me read another letter from Myra in Willingboro, NJ. She wrote to tell me about the difference that Medicare is having for her family as they live with chronic illness. She said:

As your constituent and an advocate of affordable, accessible health insurance, I would like to share how adjustments to the health care system could impact me. As you consider policy changes, I urge you to think about how your constituents living with chronic conditions will be affected.

It is so important to my husband who lives with Parkinson's disease and myself who is being treated for Chronic Lymphatic Leukemia that our Medicare benefits continue without any cuts in benefits. It is most important that we continue to be able to visit doctors able to care for our specific needs and have the expensive medications covered that are needed as we live with these diseases.

As a support group leader for people living with Parkinson's disease—

I pause here to say, my father suffered for years with Parkinson's, died from Parkinson's. The support groups are essential, and the medical challenges that this chronic disease brings are great.

I continue with her letter.

As a support group leader for people living with Parkinson's disease and their caregivers, I know all the members would echo my requests. Many people actually need further assistance to purchase the needed drugs as their policies do not cover them adequately presently. Often the medication prices are prohibitive for folks. They have to constantly check to see which drug plan will allow their medication at an affordable price.

In addition, specific supports for caregivers is another very important need for the Parkinson disease population. Please consider assistance for these people who require assistance throughout the day.

Let me tell you, this is a person writing to say keep what we have and make it better because it is still not enough to meet the challenges. Instead, we are considering making someone the Secretary of Health and Human Services who doesn't want to improve, build upon, get better but wants to throw out.

Take TOM, who believes that for his family, their lifeline to health care access is an intrusion. This is TOM PRICE—excuse me, who believes that this is an intrusion. He writes: "I can attest that nothing has had a greater negative effect on the delivery of health care than the federal government's intrusion into medicine through Medicare."

I want to put these words up. This is what the nominee to Health and Human Services is saying about one of the most valued parts of our health care in America. He is saying: "I can attest that nothing has had a greater negative effect on the delivery of health care than the federal government's intrusion into medicine through Medicare."

I would like to tell you that is an insult to Myra and her husband, millions of American seniors, those on disabilities who rely on what he calls an intrusion. Someone who is calling for an end to a program that millions of Americans rely on, that the President himself swore that he would do nothing to disturb, we are now putting the chief architect of the destruction of Medicare from the House into a position where they can wreak havoc on the health care of millions.

I want to go into that area of pre-existing conditions. Imagine yourself as someone who has a child with diabetes or that you are a survivor of cancer and an insurance company can now look at you and say: I am sorry. I am not going to cover you. The people driven by the market, driven by profits, driven by the bottom line are going to look at you and your humanity and simply say: Sorry, I am not going to cover you. And you live in that place in America, that dark, painful place where you know you are one illness away from destitution.

This is what Maureen wrote to me recently. She said:

Please do not repeal the Affordable Care Act. My 18-year-old son has been fighting cancer for over a year. I am scared to death of what his future will hold without the protections of the ACA. He may be subject to a lifetime cap on insurance payments or be rejected for health insurance entirely on the basis of a preexisting condition. He is only 18. He could be financially ruined before he even gets his adult life started. After fighting cancer as a teen, it scares and upsets me to think that his battles will continue throughout his life in the form of financial hardships from the loss of protections he currently has through the ACA.

She ends saying:

Please consider my family when voting on the ACA.

Please consider my family. There are millions of Americans who now are living in this state of fear, looking at the rising and the ascendancy of Congressman PRICE to a position—someone who has tried again and again to end insurance for people with preexisting conditions.

I don't understand what we are trying to achieve with putting someone who believes that somehow the free market will take care of these folks. I began with our history as a country: booming industrial economy. The free market didn't take care of ensuring that our waters and rivers were cleaned up. The free market didn't take care of eradicating polio. We are a nation that has learned from our history that we have a responsibility to each other, and in our common civic space and in the

governments that are established amongst men and women, we have to do better for folks who are victims or vulnerable to the vicissitudes of the free market.

That is why we are stepping up to say that we can create a system that serves all. We are the richest country on the planet Earth. What even makes this worse than Medicaid under assault, Medicare under assault, people with preexisting conditions, which are issues that are simply around contraception.

Congressman PRICE would be expected to uphold protections currently in place that prohibit insurance companies from charging women more because of their gender and ensuring that insurance companies abide by the Affordable Care Act's contraceptive care.

All that talk about preexisting conditions, many insurance companies saw gender as a preexisting condition. As something as critical as having access to contraception, TOM PRICE has voted time and time again to restrict access to essential health care services and limit reproductive rights.

Before the Affordable Care Act was passed, cost was a major barrier for women seeking access to birth control. Congressman PRICE has repeatedly opposed the provision requiring insurance plans to cover contraception. This is what he said in an interview in 2012:

Obviously one of the main sticking points is whether contraception coverage is going to be covered under health insurance plans and at hospitals, and whether or not they're going to be able to pay for it, especially low-income women, where do we leave these women if this rule is rescinded?"

That is the question. PRICE's response was simple:

Bring me one woman who's been left behind. Bring me one. There's not one.

I am sorry, in this case, PRICE is not right; PRICE is wrong. There is not just one you could bring. There are millions of women who were left behind and struggled with access to coverage before the Affordable Care Act. For this man to stand there and cast a shadow over the basic commonsense understanding that when you allow women to make their reproductive health decisions and have access to contraception, you give them power over their lives and their destinies. You actually reduce unwanted pregnancies dramatically. This is an economic issue. This is an empowerment issue. This goes to the core freedoms as a country.

The Center for American Progress reported in 2012 that before the ACA contraceptive provision went into effect, that "a recent study shows that women with private insurance paid about 50 percent of the total costs for oral contraceptives, even though the typical out-of-pocket cost of non-contraceptive drugs is only 33 percent. Surveys show that nearly one in four women with household incomes of less than \$75,000 have put off a doctor's visit for birth control to save money in the past year." Because of the ACA's contracep-

tive provision, America has changed. According to the National Women's Law Center, 55 million women have saved \$1.4 billion on birth control pills alone since 2013.

Listen to Rachel from West Orange, NJ, a couple towns over from where I live. She benefited from the contraception provision of the ACA as well as access to Planned Parenthood. This is what she wrote:

The Affordable Care Act is something that has made a huge impact on my life. I come from a poor background, and there is no additional money to spare on things like birth control, which I take for my independence and legitimate medical issues. Without birth control, I'm unable to get out of bed for days at a time because of painful periods. This means losing out time off work and opportunities because of a serious medical malady.

I never thought I would be able to normalize my life because I can't afford a \$40 copay every month, in addition to my expensive transportation passes, student loan payments, and helping my parents pay their bills. However, with the Affordable Care Act, I have access to free birth control that allows me to live my life and succeed. It enables my independence, and makes me a healthier individual. I am terrified that any repeal of the Affordable Care Act will harm my health, my career and my ability to lead a normal life.

We want people to lead the life of their dreams—their health, their careers. What she is asking for is not a luxury. It actually benefits us all because we are empowering her to succeed. That makes this country greater. Yet TOM PRICE, this nominee, has voted 38 times on measures that would restrict women's access, including 10 times voting to defund Planned Parenthood. At a time when there are fewer unwanted pregnancies, when women have more power, more control over their lives, TOM PRICE wants to roll things back.

Struggling women are fighting to raise families and go to college and pay the bills and run businesses or be entrepreneurs, that they are having constrictions placed on their lives—you empower women, you empower this Nation.

In New Jersey, Planned Parenthood's 26 health centers provide access to life-saving care for women across the socioeconomic spectrum. I will fight tooth and nail with all that I have for not rolling things back. We are not going back. And a Congressman who has pledged to do just that should not be the Secretary of Health and Human Services.

TOM PRICE has spoken out against sex education. I am a believer. I said this when I was mayor, all the time. In God we trust—I am a man of faith—but everybody else, bring me data. Sex education is actually something that has a powerful economic benefit. When it comes to advocating for better health options and outcomes, we know this is not an idea or theory, but there is a connection between poor, incomplete, or absent sexual education and increasing rates of teen pregnancy, sexually transmitted diseases, sexual assault.

Young people are also disproportionately infected, without sex education, with HIV, and HIV rates among young adults are truly problematic in this country. Kids who are granted full information live healthier lives. But Congressman PRICE advocates against that. He thinks sex education doesn't reduce rates of teen pregnancies—it does; doesn't reduce rates of sexually transmitted diseases—it does; doesn't reduce rates of sexual assault—it does; doesn't reduce rates of HIV—it does. But he thinks that it promotes promiscuity among young people.

I want to end with my last point. All of this is enough, but this is the more astonishing part of my opposition because in this, I would at least think we could get my Republican colleagues to join with me because if you look at past Presidents, something less than this has sunk nominations before. This doesn't have to do with health policy; this has to do with conflicts of interest.

There was a great Senator who pulled himself out of consideration for what, compared to this, is a mild issue that he moved to correct on paying taxes on a benefit that he received. He pulled himself out of consideration. He had that kind of dignity to say: You know what, I have this small issue. I am pulling myself out of consideration.

But TOM PRICE is charging right ahead, while people in the House are calling for his investigation. Some of my colleagues have already addressed this, so I won't go into it much, but the SEC investigation should be there. An independent watchdog from the Office of Congressional Ethics should be there. We don't know because these organizations, the SEC and the Office of Congressional Ethics, don't announce when they are investigating somebody. But there are a whole bunch of people saying that Congressman PRICE has potentially violated something called the Stock Act, which was basically put in place so that Congresspeople, who know things about regulations or issues affecting companies, can't benefit off of that insider information to profit themselves. I don't understand why, at a time that this is all hanging over his head, that there should be an investigation, that we should get to the bottom of it before we put him in the President's Cabinet, Democrats and Republicans here, given past history and past nominees who had to withdraw, why aren't we joining in a bipartisan way and saying: Hey, there is a lot of smoke here, and the facts are kind of screaming for attention.

Let me just be clear. As an example, last March Congressman PRICE bought between \$1,000 and \$15,000 worth of shares in a company called Zimmer Biomet. They are a medical manufacturer that specializes in hip and knee devices. House ethics disclosures show that he invested in the company just 6 days before introducing a bill that would have directly benefited hip and knee replacement companies like Zimmer Biomet, H.R. 4848. Let's do this

again. He invests in a company 6 days before he introduces legislation that would have benefited such a company. That is astounding, to me, and it should raise alarms in terms of the codes of conduct of a potential Cabinet nominee. He invested in a medical manufacturer of hip and knee devices and shortly thereafter introduces a bill, the HIP Act.

What is more, though, is while Congressman PRICE has said that he was unaware of the stock purchase because it was bought by a broker, his financial disclosure forms show that he initialed the purchase to note an error. He initialed the purchase. So to say he had no knowledge of it is a stretch.

Congressman PRICE then added nearly two dozen cosponsors to the bill over the next 3½ months. I am sorry, if a Senator here did that—knowingly buying stock, then introducing a bill—I know this body would look askance on that. More than that, I don't think you need to explain much of this because it is so obvious that American folks at home are knowing that you should not introduce legislation to self-deal to yourself.

Let me give another example. PRICE also bought stock in an obscure Australian biopharmaceutical firm called Innate Immunotherapeutics through a private offering that was not made available to the public. The private stock offering gave Congressman PRICE access to hundreds of thousands of discounted stock.

At his Senate confirmation hearing, he asserted the stocks were “available to every single individual that was an investor at the time,” but this is how the Wall Street Journal reported it—not quite a liberal periodical. It said:

In fact, the cabinet nominee was one of fewer than 20 U.S. investors who were invited last year to buy discounted shares of the company—an opportunity that, for Mr. Price, arose from an invitation from a company director and a fellow Congressman.

The shares were discounted at 12 percent off the traded price in mid-June only for investors who participated in a private placement arranged to raise money to complete a clinical trial. The company's shares have since tripled during the offering.

I am sure that Americans at home who are saving for their retirement would love to have an insider deal like this, would love to be clued in by company heads to an opportunity to triple their money, but clearly something is wrong when a Congressman is doing that. That should cause us to pause as a nation before we put him in as a Cabinet Secretary over all of our health care.

It is a disturbing pattern when Congresspeople use their position of power for personal gain with no regard for public interest. This type of behavior would be unacceptable in most industries. It should be unacceptable to Congress, to Senators on both sides of the aisle who have to advise and consent.

Look, we are at a point in our country where we have taken steps forward

on health care. It has been controversial, I understand, but there is no arguing with the fact that we are now at a point in America where someone with a preexisting condition is not stopped from having health insurance, where young people all over our country have the security of knowing they can stay on their parents' health insurance until they hit 27. We are at a point now where being a woman is not a preexisting condition, where we have expanded access to contraception. We are at a point in our country where the uninsured population has gone down dramatically.

We cannot have someone whose attitude is not what I would hope it would be, one of “Hey, we accomplished a lot. Let's figure out a way to make it better. Let's build on it.” Instead, they not only want to take back the gains I just mentioned, but they want to go further and take back Medicaid and Medicare, privatize them, gut them, block-grant them.

So this is not a close call. This is a Congressperson who for years has told America what his intentions are. He just didn't have the power to do it then because he was 1 out of 435. Frankly, if you include the Senate, he was 1 out of 535 and had a Democratic President also to get through. He couldn't get done what he wanted to get done. Now he is going to go from being one voice on the fringe, yelling for getting rid of Medicaid and Medicare, yelling against women's access to contraception, yelling to put insurance companies back in charge of your life, your destiny, and your health care—he is going to go from a fringe voice, 1 out of 435, to now being the head of the Department of Health, advising the President on things, frankly, that he has said, at least, that he doesn't want to do: gutting Medicare, gutting health care for seniors.

So I go back to where we came from—a Republican President, Dwight D. Eisenhower, and the first head of the Health Department, an incredible woman, World War II—served soldiers in World War II. And they had a vision for this country, that, hey, what we have is not good enough. Let's figure out a way to do better because a healthy society is an economically strong society. A healthy society is a prosperous society. A healthy society lives up to our common values.

We are the United States of America. We should set the national standard for health care. When it comes to the most vulnerable amongst us, whether it is a poor kid on a farm, whether it is someone in an inner city, whether it is an immigrant, we are a country that believes—like the old African proverb: If you want to go fast, go alone, but if you want to go far, go together.

One of the great singers and artists and inspirations in my State is a guy named Bruce Springsteen. He has a song where he says: We take care of our own. Well, we have done well on that idea. We have gotten better. We

have made strides toward that standard.

We have work to do. We should be working together, both sides of the aisle, to make our health care better, more inclusive, more accessible, and more affordable. We have a lot more work to do. But I don't want to go back. So help me, I will fight every day to prevent us from going backward where there will be fewer people covered, more people, because they can't afford things, suffering untold health crises.

I don't want to go backward to where women are denied coverage or access to empowering things, basic things, fundamental things like contraception.

I don't want to go backward with senior citizens who are in the sunset years of their lives, when they should be free of stress and worry and strain but suddenly are worried again and struggling and suffering. I don't want to go back to those days; therefore I will vote a resounding, full-throated no on Congressman PRICE because, as the poet Maya Angelou said, if someone tells you who they are, believe them. He is someone who has told us what he wants to do. We should stop him from doing it.

I yield the floor.

The PRESIDING OFFICER (Mr. PERDUE). The Senator from Florida.

#### VENEZUELAN PASSPORTS

Mr. RUBIO. Mr. President, I wanted to take a few moments today. I know we are in the middle of this debate about the health care law, about the nomination. On a topic I have been working on for a while, I was compelled to come to the floor at this late hour because it has now broken in the press. It is important to kind of give some clarity.

As my colleagues know, I have spent a significant amount of time over the last few years discussing the issues in the nation of Venezuela, which has a direct impact on my home State of Florida but ultimately on the country. It is a nation that faces some very significant challenges, primarily because its political leadership is a disaster. It is no longer truly a democracy. It is now a government run by a tyrant who has basically ignored the Constitution. They have taken over the courts. The members of the judiciary in Venezuela are now basically under the complete control of their so-called President, Nicolas Maduro, and before that, Chavez. They control the press. They have a national assembly that actually is controlled by the minority party or the opposition party to the government. But it is pretty shocking. My colleagues would be shocked by this. We all travel abroad often. Imagine if you lived in a country where the President denied you the ability to travel abroad. Well, that is what has happened.

One of the members of the National Assembly in the opposition, Luis Florido was trying to go to Peru to travel and was denied the ability to



leave the country. Imagine that. Imagine that one of our Democratic colleagues here in the Senate decided they wanted to take a trip next week overseas in the conduct of their office and were told that the President was not allowing them to travel abroad. That happened in Venezuela. Another one, Williams Davila, had his passport taken away by the President of Venezuela. So the country is a disaster because of their leadership. It is actually headed into a cataclysm.

In April of this year, Venezuela has to make a \$6 billion payment on their debt. They will not be able to make that payment. The Government of Venezuela knows that. It is a terrible situation.

But in the midst of all of that, I have argued that the national security interests of the United States is at stake in what is happening in Venezuela. This is not just about the issue of democracy; it is also about the threat it potentially poses to the United States. That is what I come to the floor to speak about tonight.

My office has been engaged with a number of people over the last few months and year who have been coming to us with information. We have been working on some of this. Some of that has now broken into the press tonight in a CNN report that I am about to describe in a moment, but first, let me lay out the scene.

There have been about 8.5 million names added to Venezuela's immigration system since it was last independently audited in the year 2003. OK. So 8.5 million people were added to their immigration system, the new names that have come about. Of the 8.5 million names that were added, 221,000 of those—over 221,000 of those are foreign nationals, and at least 173 of those 221,000 foreign nationals are from the following countries: Iran, Syria, Iraq, Lebanon, and Jordan. So 173 people from these countries were provided government passports and national IDs between the year 2008 and 2012, which leads me to this: In November of 2015, a Venezuelan attache by the name of Misael Lopez Soto, who was assigned to the country's Embassy in Baghdad, became a whistleblower, and he began to reveal the identities of several of these 173 names.

Understand that this is important because there has been a 168-percent jump in U.S. asylum applications from Venezuela since October of 2015, now the third highest nation of origin for asylum applicants to the United States. The overwhelming majority of them are legitimate people fleeing all this craziness that is happening. But I lay the groundwork to understand the connection between Venezuela and the United States.

I now want to go into the story of Mr. Soto, who, as I said, used to work at the Embassy.

Mr. Soto was assigned to work at the Embassy of Venezuela in Iraq. As he began to work there, he noticed some

irregularities, so he began to report what he says was a scheme to sell passports and visas for thousands of dollars out of that Embassy. He was offered all kinds of money to do this, to get a cut of those thousands of dollars. He says he declined it.

CNN and CNN en Espanol have over the last year teamed up on a joint investigation, relying on much of the same information that I have had access to, looking into all of these allegations and what they uncovered. In the story that posted tonight was evidence of serious irregularities in the issuing of Venezuela passports and visas, including passports that were given to people with ties to terrorism.

According to CNN, one confidential intelligence document obtained by CNN—intelligence documents from nations in the Western Hemisphere, not from the United States—actually directly links Venezuela's now new Vice President, who is in line to potentially become the President when the current dictator is going to have to give up power here soon because of this cataclysm that they are facing—the name of that Vice President is Tareck El Aissami. There are now links, according to CNN, to the current Vice President, Tareck El Aissami, and the 173 Venezuelan passports and IDs that were issued to individuals from the Middle East, including people connected to the terrorist group Hezbollah.

It is important to understand—and the CNN article appropriately outlines this—if you have a passport from Venezuela, you are allowed to enter over 130 countries on this planet without a visa. That includes the 26 countries in the European Union. So a Venezuelan passport is a valuable commodity for someone who is trying to travel around the world under an assumed name with a valid government document. That is why it is important.

Mr. Lopez, the whistleblower who once worked at the Embassy, is a lawyer. He used to be a police officer in Venezuela. He said, according to the article, that he thought that becoming a diplomat was a great career opportunity that would allow him to serve his country, so he moved to Baghdad and started his new life at the Embassy.

He remembers what he calls an unwelcome surprise on his first day in July of 2013. His new boss was Venezuelan Ambassador Jonathan Velasco. The Ambassador handed him a special envelope, he said.

“He gave me an envelope full of visas and passports,” Lopez recalled. “He told me, ‘Get this, this is one million U.S. dollars.’ I thought it was like a joke. Then he told me here people pay a lot of money to get a visa or a passport to leave this country.”

Meaning Iraq.

About a month later, Lopez said he realized it was no joke.

An Iraqi employee of the Embassy who was hired to be an interpreter told him that she, the interpreter, had

made thousands of dollars selling Venezuelan passports and visas and that he could make a lot of money too. He says he told her it was wrong and he refused. The employee pressed the issue, telling him that there were thousands of dollars to be made, even discussing an offer to sell visas to 13 Syrians for \$10,000 each.

Lopez said that he was stunned when he found the document inside the Embassy. It was a list of 21 Arabic names with corresponding Venezuelan passport numbers and Venezuelan identification numbers. A Venezuelan immigration official told CNN that a crosscheck of the passport numbers indicated that the passports are valid and that those passports, given to these people with the 21 Arabic names—when he ran the crosscheck, they actually matched the names on the list Lopez found, meaning the people on the list could be able to travel using those Venezuelan passports.

But here is what is incredible: A publicly available database in Venezuela examined by CNN shows that 20 of the 21 identification numbers of the people with the Arabic names that match the passports are actually registered to people with Hispanic names, not the Arabic names listed on the passports.

So basically CNN has uncovered evidence that at least on 21 occasions, the Venezuelan Government—the Venezuelan Embassy has sold passports to someone from the Middle East but assigned them a Hispanic surname or a Hispanic name. People are traveling under assumed identities from the Middle East. We have a couple of those names we are going to share with you in a moment.

In April 2014, only 9 months after he started the job, he emailed a report about all this to the Ambassador. He said the Ambassador did nothing, and, in fact, the Ambassador, Velasco, threatened to fire him.

By 2015, he was so frustrated that no one would investigate it that he took what he found to Delcy Rodriguez, who was Venezuela's Foreign Minister. He emailed the report and said that there was fraudulent issuing of visas, birth certificates, and Venezuelan documents. He said nothing happened. With nowhere else to turn, Mr. Lopez said he contacted an FBI official at the U.S. Embassy in Madrid.

By the end of 2015, the Venezuelan Government accused him of abandoning his post and removed him. A police official showed up at his home in Venezuela with a document that said he was under investigation for revealing confidential documents or secrets.

Now, this is not the first time this Congress hears about this. U.S. lawmakers heard reports about Venezuela's passport fraud during congressional hearings as far back as 2006. In fact, a congressional report warned that “Venezuela is providing support, including identity documents that could prove useful to radical Islamic groups.”

A State Department report at that time concluded that “Venezuelan travel and identification documents are extremely easy to obtain by persons not entitled to them.”

Roger Noriega, the former U.S. Ambassador to the OAS, a former Assistant Secretary of State for the Western Hemisphere, said in prepared remarks before Congress in 2012 that “Venezuela has provided thousands of phony IDs, passports and visas to persons of Middle Eastern origin.”

In 2013, confidential intelligence reports from a group of Latin American countries obtained by CNN said that from 2008 to 2012—I already outlined this earlier—173 individuals from the Middle East were issued Venezuelan passports and IDs. Among them were people connected to the terrorist group Hezbollah. The official who ordered the issuing of those passports, the report said, is Tareck El Aissami, who just a few months ago was appointed and is now the Vice President of Venezuela. Back then, he was the Minister in charge of immigration, as well as a Governor. He personally took charge of issuing granting visas and nationalizing citizens from different countries, especially Syrians, Lebanese, Jordanians, Iranians, and Iraqis, the report said.

So what we have now is an unbelievable situation in which a country in this hemisphere, according to both the whistleblower, independent reports, and now CNN’s own investigation—Venezuela—has been providing passports to people from the Middle East under false pretenses, basically fraudulent documents that allow them to travel all over the world.

Among them, Hakim Mohamed Ali Diab Fattah, a Palestinian and suspected Hezbollah member, was given national ID No. 16.105.824, issued on July 12, 2012. He was deported from the United States in 2002 for his possible connection to the 9/11 hijackers via aviation school in the United States. He was detained and arrested by Jordanian authorities on May 3, 2015, for suspicion of financing terror. This individual has that national ID number from Venezuela and a passport that was allowing him to travel.

Here is another one: Ahmad Adnan Ali, an Iraqi, another suspected Hezbollah member. He is a convicted trafficker facing charges in France and Denmark, and he has documents under two aliases: Ahmed El Timmy Villalobos, with the number 29.645.898. That is the number on the ID that was issued on January 16, 2014. He has another alias and another document: Ahmad El Timmy Gomez. His name is neither Villalobos nor Gomez, but he has these documents.

By the way, all of this, according to CNN, is no surprise to General Marco Ferreira, who was in charge of the immigration office in Venezuela in 2002. He now lives in Miami. He was granted political asylum. “He told CNN that he personally witnessed corrupt senior of-

ficials ordering passports for people who were not citizens when he was running the department.” He said it was “very easy” to assume someone else’s identity. It was “very, very easy to go and be a Venezuelan or pretend being born in Venezuela.”

I bring this up in the midst of all these other things because we now understand that what we are facing in Venezuela is not just a corrupt government and a tyranny but a nation that is under the corrupt leadership of its now Vice President and, of course, its President, a nation that is trafficking in selling passports and travel documents to individuals with links to terrorism. That poses a direct threat to the national security of the United States. I hope in the days to come, with this new information and with this report, that we can work with the Justice Department and the State Department to take appropriate measures to protect our Nation and the world from what is occurring at the hands of the Venezuelan Government under the tyrant Maduro and under its Vice President, who personally ran the department that was undertaking these corrupt activities.

I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts.

Mr. MARKEY. Mr. President, tonight I am here to speak in opposition to the nomination of TOM PRICE to be the Secretary of Health and Human Services, and I am standing here this evening in solidarity with millions of Americans across this country who, thanks to the Affordable Care Act, have health insurance, some for the very first time in their lives—not just access to coverage but actual health insurance for themselves and for their families, coverage that provides preventive care without copays, coverage despite preexisting conditions, coverage supported by subsidies for those who need it to help make health insurance affordable for their families.

TOM PRICE’s position on health care is contrary to everything those millions of Americans rely upon, and it is against everything that my State of Massachusetts stands for.

So let’s take a look at TOM PRICE’s formula for health care for America. First, Congressman PRICE wants to repeal the Affordable Care Act. He wants to bring back discrimination against those with preexisting conditions. He wants to kick 32 million Americans off their health coverage. He wants to deprive women of reproductive health choices, and all of this, ultimately, is going to raise prices of insurance, of health care coverage for everyone who has insurance right now, which is 80 percent of America who gets their private coverage.

Second, TOM PRICE wants to end Medicare as we know it. He would increase the Medicare eligibility age and create a voucher system that pushes the cost of the program directly onto seniors. Finally, he wants to slash

Medicaid, which provides health care to disabled and poor families across this country.

So that is his plan. This is the TOM PRICE health care plan for America in the 21st century: No. 1, repeal the Affordable Care Act; No. 2, end Medicare as we know it; and, No. 3, gut Medicaid and raise premiums for everyone else in our country. No one with any sense believes this is a winning formula.

Voting for the Affordable Care Act was the best vote of my entire political career, and that is because I agreed with Senator Ted Kennedy that health care is a right and not a privilege and that everyone in our country is entitled to health care coverage and that that health care is the solid foundation for our entire country to build their lives on.

Ralph Waldo Emerson said: “The first wealth is health.” Without health, you have nothing. That is what the Affordable Care Act is all about—to give every American the first wealth, the most important one, the access to the health care which they need. That is the promise that all Americans were made with the Affordable Care Act, and it is a promise that we still must keep.

Before TOM PRICE and his Republican allies came up with their blueprint to dismantle the ACA and put their big health insurance companies back in charge of your health, there was a Massachusetts blueprint that helped to create that historic health care law. Many of those core fundamentals were from Massachusetts and were then just built right into the Affordable Care Act: creating a marketplace so that insurance companies compete for customers, expanding Medicare to cover more low-income residents in our State, helping lower and middle-income people buy insurance with tax subsidies, encouraging people and businesses to buy in so we are all splitting the cost and sharing the benefits, and a employer-responsibility requirement for all large employers to offer coverage to their workers.

In Massachusetts, we call this RomneyCare, a good Republican program from my Republican Governor—RomneyCare. Then on a national level, they called it ObamaCare. In Massachusetts, we just called it successful. It worked. It is a good plan.

Right now in Massachusetts, 98 percent of all adults have health care insurance; 99 percent of all children have health insurance. The Massachusetts unemployment rate is 2.8 percent. We are No. 1 in math, verbal, and science at the fourth, eighth, and tenth grades out of all 50 States. We have the cleanest environment in the United States. We have health care for all children and all adults, and our unemployment rate, again, is 2.8 percent.

It is not a choice. In fact, it is a business plan for the State. It works—the healthiest families, the most educated children in the Nation, the lowest unemployment rate. It all comes together. It is a plan.

Now, to listen to the critics of this idea—that everyone is entitled to health care—you would think that it would destroy our economy, and they are still waiting for it to happen, as our unemployment rate continues to go down and down and down.

What is up? I will tell you what is up. Cancer screenings are up. Preventive care visits are up. Diabetes treatments have gone up. Health disparities among women and minorities are down. That is who we are. We can do this. It is a plan. It is a plan. It actually ensures that every child in America, every family in America really doesn't have to worry about something happening, some bankruptcy taking place because they can't afford the health care that one of their family members needs. That is what was happening before the Affordable Care Act passed.

So what makes Massachusetts one of the healthiest places in the world to live is in jeopardy with the nomination of TOM PRICE. He is coming for this plan. He doesn't think it works. He doesn't understand what has happened in Massachusetts or across our country.

In fact, in the State of Kentucky, the Democratic Governor, Governor Beshear, has instituted this plan in his red State, and he took the total number of people up to 95 percent of total coverage for Kentucky—hundreds and hundreds of thousands of people.

If we did that across the whole country, then we would essentially have the Affordable Care Act of Massachusetts in the whole country, but there has been strong resistance from States that are ideologically opposed to having this kind of a plan be put in place. So they are coming for it. That is what TOM PRICE is doing.

Let me give you an idea as to what TOM PRICE's plan does for Massachusetts and ultimately for the rest of the country that has adopted the plan. In Massachusetts alone, there will be an average per person loss of \$2,280 in tax credits, and 83,000 seniors and people with disabilities may lose \$1,000 per year in saved prescription drug costs. We could lose an estimated 57,000 jobs just in Massachusetts with all these services just being eliminated. We would have the loss of \$1.85 billion in Medicaid expansion funding and the loss of more than \$700 million in Federal premium tax credits and cost sharing reduction payments for middle-income families.

We also have to consider the Affordable Care Act's prevention and public health fund. Here is what went wrong with our health care system in the 20th century: We were running a sick care system, not a health care system. So what the Affordable Care Act did was it began to shift the emphasis towards prevention. How do you stop people from getting sick in the first place? That is the way we should be viewing disease in our country. The Affordable Care Act is our government's single largest investment in prevention.

Since enactment of the ACA, the prevention fund has provided more than \$5 billion to States and communities across the country to support community-based prevention programs. Nationally, the prevention fund also funneled hundreds of millions into the preventive health services block grant. These grants have been critical in Massachusetts, for example, helping our communities respond to the heroin, prescription drug, and fentanyl crises.

Unfortunately for all of us, TOM PRICE's assault on health care wouldn't stop there. Congressman PRICE's march on the Affordable Care Act would slash Medicaid—and listen to this number—which pays for \$1 out of every \$5 in America for substance use disorder treatment.

The repeal of Medicaid expansion would rip coverage from 1.6 million Americans, newly insured Americans who have substance use disorders. We have an opioid crisis in America, a fentanyl crisis, a prescription drug crisis. People are dying in record numbers. What TOM PRICE is proposing is going to take 1.6 million of these Americans who are receiving treatment right now and just strip them of this health care benefit.

What happens to them? We know what happens if you don't have treatment. We know what happens if you don't have prevention when you have a drug problem. It leads, inextricably, inevitably, toward a conclusion that is now affecting tens of thousands of people in America every single year, and that is death. You tell these 1.6 million people they no longer have coverage, and you are sentencing them to consequences that, I don't think, our country wants to see.

I have served in Congress for nearly 40 years, and I have never seen anything like this opioid epidemic, never.

In Massachusetts, 2,000 people died last year. We are only 2 percent of America's population. If the whole country was dying at our rate, that would be 100,000 people a year dying from drug overdoses. That is two Vietnam wars every single year.

What TOM PRICE is saying is that he is going to rip away the Affordable Care Act funding for those who have substance abuse. Nationally, opioids have now killed more people than gun violence, auto accidents. Many people who have substance use disorders benefit from protections under the ACA. It is guaranteed. The funding is there for it. So this is for me just one perfect example of many, many examples which I can use in order to kind of just give people insight as to the horrors that are going to be done to vulnerable families all around the country.

Donald Trump is bragging today that he is going to provide a big league tax cut for businesses in America, big league tax breaks for the wealthiest people in our country. That is a commitment. The wealthiest can get a big tax break, businesses can get a big tax break.

Where will that money come from? Well, in order to pay for the Affordable Care Act, hospitals across the country kicked in about \$500 billion over 10 years in order to help with the costs, but the hospitals received something in return. Because of the Medicaid subsidies for patients, they would now have insurance, and when they showed up at the hospitals, they would actually have insurance coverage. So that would help the hospitals have the revenue they need in order to take care of business. Since many fewer people were now going to arrive at the emergency room, the uncompensated care—that is the funding which the hospitals just had to provide for patients who just walked into an emergency room—would now be dramatically reduced because the patients would have insurance through the Affordable Care Act. The \$500 billion they had promised to the Federal Government that would not be an expenditure, that would be the tradeoff.

Then you say to yourself, what is the Republican plan now? What they are saying is, they are going to kill these subsidies that have reduced the number of people who do not have insurance going into emergency rooms, and they are going to strip that away. They don't have a plan. This is the TOM PRICE plan—nothing. But they are also saying they are not going to give back the money to the hospitals which had been used in order to deal with the uncompensated care. So it is a con job. The President says you have a big tax break to the wealthiest in our country, big tax break to the businesses in our country. Where is the money coming from? Where is the piggy bank? Here is the piggy bank. The piggy bank is the money that was being used to give insurance for people to go to hospitals with their families. That is being taken away, and they will use it to give tax breaks to the businesses. You are taking it from the people who need it the most, for health care, preventive services, and families and you give it to the people who need it the least, the wealthiest and the businesses in the country. It is a con job—take the money and hand it over to the largest constituency in the Republican Party. And who is the architect? TOM PRICE.

Is that why he would destroy this health care system? Is that why you would cut back Medicare? Is that why you would gut Medicaid? You do it so you can give huge tax breaks to the wealthiest in our society? That is an unacceptable plan, and it makes him an unacceptable candidate to be the Secretary of Health and Human Services in our country.

We have a raging epidemic of opioids. We have all kinds of problems that can be dealt with if people had the insurance coverage and they knew they could go in order to get the help they need.

Now let's focus on the Medicare Program because they want to save money there too. How are they going to accomplish that? Well, there were doom-

and-gloom prospects about the Medicare programs that came from the Republicans, TOM PRICE himself, but just the opposite happened. The Medicare Program since the Affordable Care Act went into place has resulted in the lowest per member rate of spending growth in its 50-year history for Medicare. Premiums paid by enrollees in Medicare Part B and Part D have gone down against all the predictions of its opponents, and perhaps more importantly, the savings have helped America's seniors by ensuring that Medicare will continue to be there for them.

Here is a big number for you. Medicare had previously faced a projected insolvency that could have occurred this year—this year. Medicare insolvent. However, because of the Affordable Care Act, it extended the insolvency date of the Medicare trust by 12 years. Good news for seniors. Repealing the law jeopardizes Medicare for a generation of Americans.

But TOM PRICE doesn't just want to repeal the Affordable Care Act, the second part of the health care assault is to transform Medicare into a voucher program and increase the Medicare eligibility age. After a lifetime of hard work, Congressman PRICE would make seniors wait longer for the benefits they earned.

My father was a milkman for the Hood Milk Company. His arms were the size of my legs. Milk men work hard. Blue-collar people work hard across our country. Working-class people work hard. Should they have to wait until they are 66, 67, 68, 69 to receive a Medicare benefit? They work hard. That makes no sense whatsoever. That is TOM PRICE. How do you increase the age when people can receive Medicare coverage for their health when they are old in order to save money—for what purpose? To then have a tax break for the wealthiest who already have the money they need in order to take care of the health care of their families. That is one thing you never have to worry about. The wealthy in America have all the money they need for their families.

Do you want to know another thing? The higher your income, the more likely you are going to live longer than people who don't have money. You don't have to worry about wealthy people. They are fine. Their health is fine. Their children are fine. Any problems in their family are fine.

Well, how about other families in our country? That is what this plan does. They want to lose that plan in order to give more money to the people who already have enough for the rest of their lives. So that would wind up increasing premiums for grandma and grandpa by hundreds of dollars, making them pay more out-of-pocket for less care. What TOM PRICE essentially wants to do is get us into the Wayback Machine and return us to a time when corporate insurance companies were calling the shots in our country, back to a time when a person could go bankrupt be-

cause of medical bills, back in time to when Americans had to choose between paying for the rent or paying for a life-saving medical treatment.

The Affordable Care Act moved our country from being a sick care system to a health care system, but Congressman PRICE wants to undo all of that progress and get rid of all of those protections.

Here is TOM PRICE's bottom line: repeal the Affordable Care Act, which results in fewer insured patients, and that means more patients in the emergency room and higher premiums for everyone else. That formula is as bogus as a degree from Trump University. It doesn't add up.

The people who have to pay for it are everyone else's insurance policies that are going to go up. Because you better believe the hospitals and insurance companies, when that money is not there in the Affordable Care Act, insurance policies for those people, and you don't get back the \$300 to \$500 billion that the hospitals have now committed back to the Federal Government, somebody is going to have to pay. Somebody is going to pay, and you don't have to be Dick Tracy to figure this out. The people who are going to pay will be every other American who has an insurance policy. It will just go up 5, 10, 15 percent, everybody else's insurance policies. The hospitals are getting their dough; the insurance companies are getting their dough.

When people go to an emergency room, they are not going to be turned away. Somebody is going to have to pay. Where is the payment going to come from? Everybody else's insurance policies, which are going up, and the money that had been saved is going to the Federal Government for tax breaks to the Trump administration. He said today big league tax breaks for the wealthy, big league tax breaks for businesses. Great. This is the plan that if you kicked it in the heart you would break your toe. What about ordinary people? What about the people who need help?

Martin Luther King, Jr., said: Of all forms of inequality, injustice in health care is the most shocking. You cannot work if you are ill, you cannot learn if you are sick, you cannot be secure if you are constantly worried that medical bills can wipe out your entire savings. These clearly are not concerns for TOM PRICE, who has a legislative history that has repeatedly favored wealthy individuals and corporations over the health of the majority of Americans.

Congressman TOM PRICE championed legislation that would eliminate young adults' ability to stay on their parents plan until age 26. Congressman PRICE trumpeted a plan that would let insurance reinstate lifetime and annual limits on coverage and charge women more because of their gender.

TOM PRICE would rip away the Affordable Care Act income-based subsidies and instead offer inadequate tax

credits that can be given to a billionaire, not the middle-class, working-class, blue-collar American.

If TOM PRICE had his way, he would implement a plan that would cause health care premiums in individual markets to skyrocket, increasing premiums for average Americans by 25 percent immediately and doubling over the next 10 years. He wants to strip Planned Parenthood of all its resources, and 2.5 million people would lose access to care in those community clinics. If that happens, fewer mammograms, fewer prenatal exams, fewer cancer screenings, and loss of all those vital services would hit women of color and low-income women hardest. It would increase health inequity and health disparity in our communities of color.

TOM PRICE's assault on women's health doesn't end there. He has proposed legislation that would allow health insurance companies to charge women more than men. He has repeatedly cut and limited access to family planning services. He does not believe that women should get birth control with no out-of-pocket costs. He is an outspoken and virulent opponent of reproductive health and would push women's reproductive rights back to the 18th century. Good physical health and reproductive freedom are critical to supporting women as productive members of their households and our economy. We cannot allow TOM PRICE to turn back the clock.

So this is the challenge. We have an administration committed to increasing defense spending big time, increasing tax breaks to the wealthiest and to corporations big time, and then promising to cut the Federal budget by \$10 trillion over the next 10 years. Well, where is the money going to come from?

We know what they are targeting. They are targeting all these programs that help those who need the help the most in our society. So I urge my colleagues to vote no on this nomination of Congressman PRICE. He is the wrong man at the wrong time for the wrong job. It just doesn't match up, not with a 21st century strategy that we need to have the healthiest population in the world to compete against our economic rivals across the planet, and if for no other reason, just the moral obligation we have to make sure families are not desperate when their loved ones are hurting.

I thank you for giving me the opportunity to come out here at this time, and I urge my colleagues to vote no on Congressman PRICE's nomination.

I yield back the remainder of my time.

The PRESIDING OFFICER. The Senator from Maine.

Mr. KING. Mr. President, I am a former Governor, and as such, I have an inclination to support the Executive's nominees for their Cabinet—for their Secretaries or Commissioners in my case, in Maine. I think that is an

important principle, and it is how I start when I approach the analysis of any nominee to any position put forward by the Executive, whether the Executive is Donald Trump or Barack Obama or anybody else. That is a kind of starting point, and that is how I started this January. And, indeed, thus far, as we have voted here on the floor, I have supported five of the seven nominees who have come before us, plus I supported two additional nominees in committee which have not yet come to the floor, but whom I will support on the floor.

So I am not in total opposition: Don't vote for any nominees. I don't think that is the way our system works, and it is certainly not the way I intend to approach these issues. I have approached them one at a time, looking at the position of the nominees, their policies, their views, their hearings. I have tried to follow the hearings as closely as possible, including their answers to questions. Again, I start with a bias toward approval, perhaps because of my experience as a chief executive myself.

But I can't support nominees who are fundamentally opposed to the mission of the agency they have been asked to lead. To me, that just doesn't make sense. That is why I voted against Betsy DeVos 2 days ago because I didn't believe that she had the best interests of American education—particularly public education—at heart. Her whole career has been about attacking and undermining public education by trying to, in effect, voucherize it, provide vouchers to people to use in other schools which, by the way, in a rural State like Maine, simply wouldn't work as a practical matter. So I could not support her because I felt she was hostile to the very premise of the agency that she was being asked to lead.

Today, I come to the floor to talk about Dr. PRICE. I think he falls into the same category. I understand policy differences, and I understand the election took place, and I understand elections have results and that there are going to be different policies, but his policies on the fundamental mission of the Department of Health and Human Services are just inimical to what that Department was established to do for the American people. The title is Health and Human Services, and that is the role that Department has played and should play and will play in the future of America.

Now, my problems with Dr. PRICE and his positions—and there is no doubt about his positions on various issues. He has a long record in the House of Representatives writing and legislating and advocating, so there is not much argument about where he stands, and there are really three areas that I want to touch on tonight. One is Medicare, one is Medicaid, and one is the Affordable Care Act. I want to try to put these all in the context of my home State of Maine.

Health care in Maine is an enormous part of our economy. It is somewhat higher, actually, as a percentage of our GDP than it is nationally. We are at about 20 percent of GDP. One-fifth of our economy is health care. In part, that is because we have a great number of seniors who, of course, require more health care expenditures, but it is a very important part of our economy, which I will touch on a little bit later. But let's talk about Medicare.

First, Medicare in Maine: 306,000 people in Maine are Medicare beneficiaries. The expenditure in Maine by Medicare is \$2 billion. Now, when we are talking about cutting or changing Medicare, of course we focus, as we should, on those 306,000 people—and I will talk about them—but we also need to talk about that \$2 billion. If we are talking about savings—savings don't just evaporate, they occur in real life, and those are funds that don't go to support medical care for seniors in Maine and don't go to our hospitals and don't go to our practitioners. So \$2 billion is a very significant part of our GDP, and that is just what Medicare spends in Maine, 306,000 people.

Now, I want to touch on an aspect of this that I don't think has been discussed much in these debates; that is, the burden of anxiety about health care and the cost of health care that was lifted from generations of seniors in this country by the passage of Medicare, now some 50-plus years ago. As you get older, there is anxiety about retirement, there is anxiety about income, there is anxiety about your health, but there is also anxiety about the cost of health care. The miracle of that Medicare was that it lifted that burden of anxiety from our seniors. It was one thing they didn't have to worry about. "I have Medicare" have been the words that have comforted thousands and millions of people in this country since 1965.

To change the fundamental premise of Medicare, which is what Dr. PRICE has advocated for vigorously and continuously, from the current system, which is, if you get sick, if you have hospitalization, if you need medical care and you qualify for Medicare, it is paid for. To change that to a system which is essentially a voucher, which is capped at some level of inflation but not the health care level of inflation, is a cruel trick on our seniors. What it will do is, through compounding of interest, if inflation is 2 percent a year, and medical inflation—the cost of medical treatment—increases at 4 or 5 or 6 percent a year, which is typical of what has happened in the last 15 or 20 years; there have been ups and downs, but 4, 5, 6 percent is about where medical inflation has been. So if inflation is at 2 percent, and that is what your voucher is going to increase to, and medical costs increase at 6 percent, that gap is going to grow to the point where we are back where we were in 1964, before the passage of Medicare. Then, seniors suddenly have to worry about how they

are going to pay for their health care. They are going to have an added burden of anxiety, and they are going to have an added burden of money, of finance, of cost.

You can call it all kinds of high-falutin things. You can call it a voucher program, whether or not it is privatization. There are all kinds of ways to paper it over, but what it really is, is shift and shaft. It is shifting the cost from Medicare to seniors, and over time that shift and shaft is only going to increase. I think that is unconscionable, and there is no reason for it.

Yes, the cost of Medicare is going up as a percentage of our budget. That is because we are getting older. That is because we have a demographic bulge going through our society for people who were born in the 1940s and 1950s—the baby boom generation—but that is anticipated, that is understood. There are things we can do to deal with that issue without the radical solution of essentially shifting the cost over to the seniors. It makes the Federal books look good, but it is not going to make the household books in Maine look good.

That is what really bothers me about this policy. We are trying to improve our miserable budget situation by shifting a great deal of these costs off to individuals. That is just wrong. Medicare is too important financially, emotionally, psychologically. It is too important as an essential part of the promise that we have made to each generation of Americans for the past 50 years. And to fundamentally change that and realize, I believe cynically, that as the gap increases over time, the percentage of the premiums that is being shifted onto seniors is going to grow over time, until at some point—and you can do the arithmetic—it is going to eat the whole thing. And the Federal share, yes, will be capped—or capped at some lower level, and the share that is paid by the individual, by the family, by your mom, by your dad is only going to be greater. That is wrong. That is a breaking of the promise that we made to our seniors.

The second piece where Dr. PRICE, I believe, is fundamentally at odds with the premise, with the mission of the agency, is in Medicaid. He has talked about various programs. First, let's get rid of the expansion of Medicaid and the Affordable Care Act and then let's block-grant Medicaid and send it to the States. It is the same principle: It is shift and shaft, only this time you are shafting the States. You are taking a program which now says, if you have medical expenses and you are qualified, they are paid for, and you are saying, OK, in the future, we will give you a fixed amount of money, but if the medical expenses go up, it is on you, Mr. State; it is on you, State of Maine or Michigan or California or Georgia or Florida, or anywhere in this country.

It is simply, again, repairing the miserable books of the Federal Government because we are not facing up to our responsibility to pass reasonable budgets. It is fixing those books at the expense of somebody else. Those monies they are talking about: a \$2 trillion cut in Medicaid. Great, Medicaid is going to look a lot better, but that \$2 trillion doesn't evaporate and doesn't go anywhere. It is not like everybody is going to say: Well, they are cutting Medicaid so we are going to charge less for our hip or for our surgery or for our treatment of drug abuse. It is going to have consequences. It is going to come out of treatment. It is going to come out of health.

There is something about Medicaid that often isn't observed. I learned this as Governor. People think of Medicaid as a kind of welfare program, and there are these people who are taking advantage of it, and perhaps there are. There are always people who take advantage of programs.

The truth is, the majority of the funds for Medicaid go to people in nursing homes—your parents, your uncle, your aunt. Nursing home expenditures for the elderly are a significant cost for Medicaid. Medicare doesn't pay nursing home expenses except for a limited period of time, but a great deal of Medicaid expenses go to nursing homes. You are going to cut Medicaid? You are going to have people who aren't going to be able to afford to stay in nursing homes. That is going to shift that cost back on to the family.

The other majority of people on Medicaid are children. They are children who are covered who wouldn't have coverage otherwise.

One of the best things in this country is the combination of Medicaid and CHIP, which has resulted in an enormous increase in the covered health coverage of children. And it is so important because health problems in children that can be dealt with when they are young, when they are children, when it is covered by insurance, can save us enormous costs later on.

So, again, what does Dr. PRICE want to do? Cap, eliminate ACA expansion of Medicaid, and block-grant it.

Let's not kid ourselves. Block-granting is shifting and shafting to those elderly people who would lose coverage for nursing homes, to the children who need the coverage, but most especially, to the States. As a former Governor, I can see the impact of this on my State of Maine. It is a difficult issue, and if we limit it, the only option will be to limit coverage or to cut back.

Of course, Medicaid is one of the places we are covering the treatment of opioid addiction. The greatest public health crisis in this country in my lifetime is the opioid crisis. We are losing 1 person a day in the State of Maine to overdose deaths—1 person every day. I met a young man at Christmastime at a treatment center. I went to the Christmas party and met his family and he was hopeful and he was under

treatment. I learned this week that he is gone. He is gone, taken by the scourge of drugs.

These are real people. These are real people. These aren't just numbers and statistics. In the next hour, as we are here debating this nomination, four people in America are going to die of overdoses—four people an hour. And when you think of how we mobilized this country and the money we spent to deal with Ebola where one person died—one person in the whole country—and yet we have this horrible disease and scourge that is just decimating our societies and we are talking about cutting back one of the basic props for providing treatment. We have cases where we—there is a huge backlog of treatment beds.

I have been working on this problem in Maine for a long time. One of the things I have learned is that once a person who is addicted reaches a stage where they are willing to ask for help, we have to be there—then. To say to that person there will be an opening in 3 weeks or 3 months is akin to a death sentence because they might not be able to make it 3 weeks or 3 months; yet that is the situation in much of the country today. That is the situation, and we are talking about knocking one of the props out from under our ability to deal with this horrible public health crisis that is devastating this country in every State, but particularly in rural States. It is taking people out of the workforce that we need, it is tearing families apart, and it is affecting everybody. It is not just certain people in certain places. It is everybody. It is middle-class families. It is people of all ages.

To blithely talk about we are going to block-grant Medicaid and fix the amount—it is the same as what I said about Medicare; the iron law of the percentage changes. If you fix it today and inflation continues, then ultimately it withers away, and it is not going to meet the needs of our people. Yet that is what the nominee for the Department of Health and Human Services wants to do. I don't get it.

Finally, there is the Affordable Care Act. I have talked on this floor before about the Affordable Care Act and why I feel so passionately about it, how having insurance when I was a young man saved my life, how not having insurance costs lives.

The mathematics is pretty clear. There have been a number of studies: For every million people who don't have insurance, there are a thousand people who die prematurely. The Affordable Care Act now covers something in the neighborhood of 22 million people, so here is the arithmetic: 22,000 premature deaths a year. This isn't ideology. These are people. To ignore that and say we want free markets and free choice—free choice means death for a lot of people. It meant death for a young man who had what I had 40 years ago and didn't have insurance, didn't get a checkup, didn't have surgery, and

he is gone and I am here, and that is not fair. That is not fair.

I have said since I got here that the Affordable Care Act isn't perfect. It can be changed; it can be fixed. I hear every now and then that my colleagues are saying: Let's repair it. I am all for it. Let's repair it. Let's get over this talk about repeal. But Dr. PRICE has been one of the leading voices, if not the leading voice, in the Congress to repeal the Affordable Care Act. I don't know his exact voting record, but I suspect he voted for every one of those repeals in the House 60, 70 times over the last couple of years: Repeal, repeal. Well, you are repealing people's health care.

He doesn't want to have the patient protections in the Affordable Care Act, the ones that keep it so that you can't discriminate against women in health insurance because they are women. And there have to be preventive services. Preexisting conditions—he says: They have to insure; they have to keep you on for the preexisting condition. But if you lose your health insurance for a few months, sorry. The clock stops, and you can't get it again because of a preexisting condition. That is one of the most important and fundamental promises of the Affordable Care Act, yet he wants to get rid of it.

Here is the reality in Maine. We are a rural State. We have a lot of rural hospitals. I urge every Member of this body to talk to their hospitals. I have done it. I have gone to the hospitals and sat down with them. I did it as recently as 2 weeks ago with a small rural hospital, the Penobscot Valley Hospital in Lincoln, ME. They told me the repeal of the Affordable Care Act would cost them \$1 million a year, and they can't afford it. I have been to the Bridgton Hospital. I have talked to people from—not all, but many of our small hospitals, and 50 to 60 percent of our rural hospitals are running in the red right now. The Affordable Care Act has provided insurance coverage to people who are the customers of those hospitals, and the estimates are that repeal of the Affordable Care Act without a reasonable replacement would reduce their revenues anywhere from 5 to 8 to 10 percent. These hospitals can't stand that kind of cut, and they have told me there are only two choices: One is to shrink their services to their communities, and the other is to close their doors.

In Maine, in our rural State, we have only 16 counties. In 8 of our 16 counties, the hospital is the largest employer in that county. I am sure that is true in all of the States in our country that have these small rural hospitals; the hospital is the major employer. So again, when we are talking about cutting the Affordable Care Act and all these policy things and ideological things, what we are doing is cutting jobs in small towns that can't afford to lose them, and they are good jobs. If that is what you want to do, fine. But fess up and understand that is the consequence of policies that are espoused



enthusiastically by this nominee for the Department of Health and Human Services. It doesn't make sense to be putting someone in charge of an agency that is supposed to be looking out for the welfare and the health of our citizens who is diametrically opposed to maintaining the health and welfare of our citizens.

In Maine, we have 75,000 people on the Affordable Care Act. I know people who have it who couldn't have coverage otherwise without those subsidies. But he is not going to allow those subsidies anymore. It is every man for himself. Every man for himself means a lot of people fall by the wayside, and that is wrong. That is wrong in Maine, and I can't vote for somebody who is going to put a dagger in the heart of these citizens of Maine. I cannot do it. My conscience will not let me.

So on Medicare, shift and shaft to the seniors. On Medicaid, shift and shaft to the States. On the Affordable Care Act, shift and shaft to those people who need health insurance and the hospitals in our communities, the hospitals in those communities. If you take paying customers away, it is a double whammy: You lose the revenues from the customers, and then you have to treat them as charity care. It makes the bottom line in these hospitals even worse. As I said, they have told me in my State—and I suspect this is true practically everywhere—50 to 60 percent of our hospitals are skating on the edge. They are in negative territory. They are in the red, and we are going to cut their revenues by 8, 10 percent? It is unconscionable. It is truly unconscionable. That is a word used around here sometimes, but this is it.

All in the name of some kind of ideology, we want to go back to the health care—I can't believe we are debating Medicare, a program that has been so successful and so important to seniors throughout the last three to four generations. We are now debating it? It doesn't make any sense. To put somebody in charge of the Department of Health and Human Services that is inimical to Medicare, Medicaid, and the Affordable Care Act—this guy is a wrecking ball. He is not a Secretary. He is going into this agency to destroy it. He wants to undercut and diminish and, in some cases, literally destroy some of the major underpinnings of providing health care to people in this country.

If we were sitting in this body and somebody walked by me and was stricken by a heart attack and fell on the floor, I would help him. Every one of us would help him. I suspect Dr. PRICE would help him. He would be the first one there. But by these changes, what we are doing is having people fall by our side and ignoring them in large scale across the country. It is just as real as if it is happening right before our eyes. Twenty-two thousand people will die if health insurance is lost prematurely. Seniors will take on a bur-

den of anxiety and fiscal drain that they can't afford that they have avoided for 50 years.

The final point is that this man's policies are at odds with those of his boss. Through the campaign, President Trump issued pretty much ironclad guarantees to seniors that he was going to maintain Medicare, maintain Social Security, but then he appoints a guy whose whole professional career has been aimed at undermining Medicare. I think they had better get on the same page. I don't always agree with President Trump, but in this case I think he is right. I wish he would whisper into the ear of his nominee: You can't have it both ways. You are either for it or you want to gut it. That is what we are facing in this vote.

This is a vote of conscience for me. It is also a vote about my State. I love those people. I know them. I started out as a legal services attorney in a small town in Maine. My first boy was born in that town, in a little, rural hospital that is struggling. I can't stand by and see someone take over this Department who is going to do harm. That is the medical creed, isn't it? Do no harm; that is the oath. But we are talking about harm to seniors, to children, to people with insurance who will not have it. We are talking about real harm.

That is why I come to the floor tonight to urge my colleagues to reject this nominee. If the President wants to put somebody forward who is conservative and has ways of fixing some of these things and thinks some improvements should be made—and we don't have to do everything the way we have always done it. I'm not arguing that. But goodness, gracious, don't give us a nominee whose whole career has been spent aimed at undermining and diminishing and gutting the very programs that have meant so much to the people of America.

I am voting no on this nominee. I believe my colleagues should do so as well.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, before Senator KING leaves the floor, let me just say, as one who ran the legal services for the elderly program in Oregon, that the Senator makes all of us in legal services proud tonight. Senator KING has really put a face on what is at stake here in the way he has focused on the opioid scourge that is hammering areas from coast to coast. Rural health care—without rural health care, we can't have rural life. It is just that simple. Certainly when we get to the closing here in perhaps an hour and a half or so, we are going to get to the bottom line, as the Senator did. I think these changes take America back to the day where health care was for the healthy and wealthy.

So I thank the Senator for his passion and his commitment to his citizens, but also to the people of this

country. Anybody in legal services tonight will be very proud, as I am, because what it is all about is standing up for people, and the Senator has said it very well.

Mr. President, we will be having our closing remarks here in perhaps an hour and a half or thereabouts. We have several Members of the Senate who are on their way for their remarks, and several Members of the Senate have discussed various elements of the serious and unanswered ethics questions surrounding Congressman PRICE's nomination. It is my view that these are issues that have set off loud ethical alarm bells.

I want to take a little bit more time to lay out the full story here.

The stock trades Congressman PRICE made while working on health care policy do, in fact, raise serious ethical and legal questions. None of Congressman PRICE's stock trades raise more questions than the hundreds of thousands of shares he bought in the obscure Australian biotech company known as Innate. His stock in this company is by far his largest of holdings, both in terms of the hundreds of thousands of shares he owns and the value of those shares, and that exceeds a quarter of a million dollars.

Congressman PRICE told the Finance Committee that he did not get a special deal. He told the Health, Education, Labor Committee that he did not get a special deal. But the fact is, Congressman PRICE paid bargain-basement prices for Innate stock in a private sale last August. The private stock sale was limited to a small group of well-connected American investors.

Congressman PRICE's participation has been described as a "sweetheart deal" by Kaiser Health News and a "privileged, discounted offer" by the Wall Street Journal.

As I said during his nomination hearing, Congressman PRICE's participation in the private stock sale showed bad judgment at best. At worst, it raised serious questions about whether he violated the STOCK Act or other security laws. I will take a minute to read section 3 of the STOCK Act. It says: "Members of Congress . . . may not use nonpublic information derived from such person's position . . . or gained from the performance of such person's official responsibilities as a means for making a private profit."

It is well known that Congressman PRICE learned about Innate from a House colleague, Congressman CHRIS COLLINS of New York. COLLINS is not just a casual reader of the Australian business pages; he is actually a member of the company's board and its largest shareholder.

This raises additional questions: Did Congressman PRICE have access to nonpublic information about Innate or its private stock because of his position as a Member of Congress? Did he get special access to the discounted private sale because of his position? Does he stand to profit because of the information or access he may have received?

Finally, did Congressman PRICE tell the Finance Committee the truth about how he learned about the private stock sales and the ability of typical investors to participate?

Congressman PRICE would have us believe that he decided to make these investments based on his own research into the company. That is what he told the Finance Committee.

Let me quote from the Wall Street Journal's article published January 30:

Mr. Price wasn't in line to buy shares in the last private placement because he hadn't previously participated in private fundraising rounds. . . . Mr. Price first invested in the company a year ago, buying shares through the open market on the Australian exchange. He learned about the company from Mr. Collins, who holds a 17 percent stake in it. Mr. Collins said Mr. Price is "one of my friends" and that he sits "next to him" on the House floor. . . . Mr. Price got it on the discounted sale after Mr. Collins filled him in on the company's drug trial, according to Mr. Collins.

The fact is, you don't just get in on a private stock offering by accident. As the Wall Street Journal explained, Congressman PRICE didn't originally even meet the criteria for participating in the 2016 private offering because he hadn't participated in any previous offerings. Yet he was able to buy over 400,000 shares of stock with Congressman COLLINS' help.

My view and the view of my Democratic colleagues is that Congressman PRICE failed to come clean with the Senate Finance Committee on the details of the special discounted deal. He has assured the committee he followed the law, but straightforward questions have been met with dodging, weaving, and obfuscation. Details of his purchase continue to emerge, and the public's understanding of his involvement continues to evolve.

Meanwhile, as scrutiny of the deal continues to mount, Innate's top executives are defending Congressman PRICE at the behest of his colleague Congressman COLLINS, who sits on the company's board of directors.

After the Wall Street Journal story was published, the company and Congressman PRICE went into spin control. The public knows this only because Congressman COLLINS made a mistake that everybody who uses email for work has seen made at least once: He mistakenly hit "reply all" when responding to an email from the company's CEO, Simon Wilkinson. Instead of a private note to Mr. Wilkinson, the note wound up going to a CNN reporter covering the story.

In the email, Congressman COLLINS, the company's top shareholder, said the Wall Street Journal was "yellow journalism," and he thanked Innate's chief executive, Mr. Wilkinson, for defending Congressman PRICE and the company. According to CNN, Congressman COLLINS acknowledged the email to be authentic.

The Finance Committee's own experience with Innate only adds to the sense that there is a coverup as Repub-

licans seek to race Congressman PRICE across the confirmation finish line.

The day after the Wall Street Journal story ran, I wrote my own letter to Innate's CEO, Mr. Wilkinson. I asked the company to respond to the article and the inconsistencies in Mr. PRICE's explanations and for documentation of details of the private stock sales. The company refused to answer my letter.

This looks to me like a coverup, and it ought to shake this body's confidence in Congressman PRICE's nomination. This situation, in my view, demands that further questions be asked and answered. Instead of taking time to explore these issues, Republicans took the unprecedented step of suspending the Finance Committee's rules to rush this nomination to the floor before any more questions could be asked, let alone answered.

In years past, as with the nominations of Senator Daschle, Secretary Geithner, and Ambassador Kirk, the Finance Committee left no stone unturned in the vetting process. Not this time. The majority party, in my view, is on its way to an ethical double standard to cut off the vetting process. That leaves me with a question for Congressman PRICE and my Republican colleagues in the Senate: What is there to hide?

Mr. President, before I continue, I ask unanimous consent to have printed in the RECORD the letter that I sent to Simon Wilkinson, chief executive of Innate, on January 31, 2017.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

UNITED STATES SENATE,  
COMMITTEE ON FINANCE,  
Washington, DC, January 31, 2017.

MR. SIMON WILKINSON,  
Chief Executive Officer,  
Innate Immunotherapeutics Limited,  
Sydney, Australia.

DEAR MR. WILKINSON: As part of the U.S. Senate's constitutional duty to confirm presidential appointments, I have been reviewing the record of U.S. Representative Thomas Edmunds Price, who has been nominated to be the Secretary of the U.S. Department of Health and Human Services.

To that end, I am writing to you seeking prompt assistance in providing information and documents related to Congressman Price's investment in Innate. Please provide the requested information and documents:

1. The New York Times reported that "Mr. Wilkinson and Michael Quinn, Innate's chairman, said they had never heard of many of the company's more prominent investors, and said they first learned that Mr. Price had invested in the company from an article in The Wall Street Journal [published online December 22, 2016], which first reported his investment."

In written response to questions from the Committee, Congressman Price said "I communicated with Representative Collins, who is a director of Innate. As noted above, I learned about Innate through a general conversation with him in the fall of 2014. I also communicated with Simon Wilkinson of Innate regarding my interest in participating in the 2016 private placement of company stock." In addition, the Wall Street Journal reported that "Mr. Collins said he told Mr. Price of the additional private placement. He

said Mr. Price asked if he could participate in it. 'Could you have someone send me the documents?' Mr. Collins recalled Mr. Price asking him."

a. Please identify any meeting or communication between you, the company, its officers, employees, directors, consultants or affiliated personnel, and Congressman Price. In so doing, please include the person or persons involved in such communication or meeting, the date, method, location of the communication, and the subject of the communication.

b. Please provide any e-mail or other written communications between you, the company, its officers, employees, directors, consultants or other affiliated personnel, and Congressman Price. In addition, please provide any documents transmitted by Innate to Congressman Price, and any document Congressman Price transmitted to the company.

2. Regarding the August 2016 private stock placements reference in the company's Notice of Annual General Meeting and Explanatory ("Notice") on July 25, 2016:

a. Please describe how Innate found and solicited potential buyers for the private stock sale in August 2016. In so doing, please provide all dates that solicitations or other communications regarding the stock sale was sent to investors. Please also note any differences between how U.S. and non-U.S. investors were solicited. Please provide the number of U.S. investors at the time of the solicitation, the number of U.S. investors who were solicited, the number who agreed to participate, and the number who were considered accredited, "friends and family," or met some other classification or category. Please provide any and all solicitation materials, offering documents, or other information related to the sale that were sent to participants in the placement.

b. Please describe the criteria by which the company determined who could participate in the sale both within the U.S. and outside the U.S. Please provide supporting documentation regarding the company's criteria for participants in the sale, if the not contained in the offering documents described in Question 2(a).

c. It has been reported that these private offerings were made available—in the U.S.—only to shareholders who had previously participated in private stock placements. Is it correct that shareholders had to have previously participated in Innate's private stock placements?

i. Please provide any documents that describe eligibility for the August 2016 private placements, if not already provided in response to Questions 2(a) or 2(b).

ii. Did Congressman Price participate in any private stock placements prior to the August 2016 private placement?

d. Based on interviews with you and Congressman Collins, the Wall Street Journal reported that Congressman Price qualified for the August 2016 private placements in the U.S. as one of six "friends and family" solicited for the sale.

i. Was Congressman Price one the "friends and family" participants described by the Wall Street Journal?

ii. What were the requirements for "friends and family" participation?

iii. Please provide any and all offering documents that were provided to this class of participants for the August 2016 sale. Please provide any and all documents that show the company's eligibility criteria for determining this class of participant in the August 2016 sale. Please provide any and all documents that describe eligibility for this class of participant in the August 2016 private placements.

e. Did the names of individual participants or criteria for participation in the August

2016 sale come before Innate's officers or its board of directors for consideration, including Congressman Price? If so, please describe what actions or consideration officers or directors took. Please provide any supporting documentation of the selection decisions.

f. Did the company use an investment banker or other agent for the August 2016 private placements? If so, please provide the name of the bank or agent and its employees who were involved in the sale.

g. What role did Congressman Collins—a director and Innate's largest stockholder—play in the U.S. 2016 private placements?

Please provide the requested information and documents via email on a rolling basis as they become available. Please contact my staff at +1 (202) 224-4515. Thank you to your prompt attention to this matter and your timely response.

Sincerely,

RON WYDEN,  
Ranking Member.

Mr. WYDEN. I would also refer my colleagues to the following news articles: "Trump's HHS Nominee Got A Sweetheart Deal from A Foreign Biotech Firm," a story published by Kaiser Health News on January 13, 2017; "Representative Tom Price Got Privileged, Discounted Offer on Biomedical Stock, Company Says," a story published by the Wall Street Journal on January 30, 2017; and "In accidental 'reply all' to reporter, Collins thanks CEO for defending HHS nominee," a story published by CNN on January 31, 2017.

Mr. President, I wish to now discuss what is known about the facts and timing of Congressman PRICE's investment in Innate. This is a timeline that is based on public documents, press reports, and information the nominee provided the Finance Committee.

If you have never heard of Innate until the last few weeks, you would be forgiven. The New York Times described it as a "tiny pharmaceutical company from Australia that has no approved drugs and no backing from flashy venture capital firms." Innate has fewer than a dozen full-time employees. The company's stock was first listed on the Australian Stock Exchange in 2013, and until recently its market capitalization was well below \$100 million. Innate has never generated revenue from drug sales. It has repeatedly teetered on the brink of running out of cash. It has just 2,500 shareholders. By way of comparison, a major American pharmaceutical company could have hundreds of thousands of shareholders.

Innate is planning to submit an investigational drug application to the Food and Drug Administration, and its ultimate goal is to one day sell itself to a large pharmaceutical manufacturer, which would take its early-stage experimental therapy to market.

What I am describing is, this company is the poster child for obscure companies. It is so small and so obscure, it doesn't even have a Wikipedia page. So the question is, How did Congressman PRICE come to learn about this company, and how did he decide to make it the single largest investment

in his sprawling portfolio of health care stocks? The answer is, the Congressman learned about Innate in 2014 during a conversation with his colleague, Congressman COLLINS of New York. As I indicated, Congressman COLLINS sits on Innate's board of directors. Congressman COLLINS is also the company's largest shareholder, holding 38 million shares. Congressman COLLINS' adult children, his chief of staff, and many of his political backers are also heavily invested in the company. I am going to touch on those issues in a few minutes.

According to disclosures with the House Ethics Committee, Congressman PRICE bought some 61,000 shares of Innate stock in 3 separate purchases during January of 2015. At the time, the stock was trading at roughly 10 cents a share. Congressman PRICE testified to the Health, Education, Labor, and Pensions Committee that he directed his broker to make the January 2015 purchases.

Fast-forward to August 2016. Congressman PRICE bought another 400,000 shares of Innate as part of a private stock sale for U.S. investors. When the private sale took place, Innate's shares were trading on the Australian Stock Exchange for the equivalent of 31 American cents. Participants in the private sale got the shares at a deep discount.

In written testimony to the Finance Committee, Congressman PRICE said he paid 84,000 American dollars to buy the 400,000 shares. He bought 250,000 of those shares for 18 American cents per share in one private stock placement. He bought another 150,000 shares for 26 American cents each in a second private stock placement. Congressman PRICE's House Ethics Committee disclosures showed that he acquired the stock on August 31. On that day, Innate's stock was trading for the U.S. equivalent of 31 cents a share on the Australian Stock Exchange. In my book, that is a special deal.

The bottom line is that Congressman PRICE bought these shares for \$40,000 less than an average investor would have paid to buy the same amount of stock off the open market. That is nearly 33 percent off the price on the Australian Stock Exchange at the time. Since that time, Innate's stock has more than doubled. These facts are not in dispute.

Mr. President, I ask unanimous consent to have printed in the RECORD Congressman PRICE's written testimony in response to my questions for the record as part of his nomination hearings.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

#### QUESTIONS FOR THE RECORD

"THE HONORABLE THOMAS E. PRICE NOMINATION HEARING FOR HHS SECRETARY" HEARING DATE: JANUARY 24, 2017

QUESTIONS FOR THE RECORD FROM RANKING MEMBER RON WYDEN

Innate Immunotherapeutics purchases

5. The nominee owns 461,238 shares of Innate Immunotherapeutics Ltd. ("Innate"), a small Australian biopharmaceutical firm developing a multiple sclerosis therapy. The nominee acquired the stock in four separate purchases on January 8, 9 and 23 of 2015 ("2015 tranche"), and in a pair of private stock placements on August 31, 2016 ("2016 tranche"). Regarding Innate:

a. Question: Please describe how and when the nominee first learned about Innate.

Answer: I previously answered this question for the SFC. I learned about Innate during the course of a conversation in the fall of 2014 with Representative Chris Collins regarding their respective personal backgrounds. I cannot recall the specific date of that conversation. During that exchange, Representative Collins told me that he sat on a number of public company boards including Innate, which was developing a treatment for multiple sclerosis (MS).

b. Question: Did the nominee or his staff ever meet or otherwise communicate with current or former employees, directors, consultants or other officials affiliated with Innate. If so, please describe the communication, including who it involved, the date, subject, place and form (e.g. in person, by phone or communication).

Answer: I previously answered this question for the SFC.

I communicated with Representative Collins, who is a director of Innate. As noted above, I learned about Innate through a general conversation with him in the fall of 2014. I also communicated with Simon Wilkinson of Innate regarding my interest in participating in the 2016 private placement of company stock. According to Innate's website, Mr. Wilkinson is currently the Managing Director and CEO of Innate.

My Congressional staff has not met or otherwise communicated with current or former employees, directors, consultants or other officials affiliated with Innate.

c. Question: Please describe any communication between the nominee and Congressman Collins regarding Innate Immunotherapy, including the date, subject, place and form.

Answer: I previously answered this question for the SFC.

I had a conversation with Representative Collins in the fall of 2014 that brought Innate, as a company, to my attention. The nature of that conversation did not, however, influence my decision to invest in the company in either 2015 or 2016.

I believe I had subsequent general communications with Representative Collins regarding Innate. I do not have a specific recollection of when those conversations occurred or their substance. Any such communications did not impact my investment decisions, however, because my purchases of Innate stock were based solely on my own research.

d. Question: The nominee bought 400,316 shares in the 2016 tranche in a private stock sale that included two placements at two prices. Please provide the number of shares bought in each placement, and the price at which the shares were bought.

Answer: I previously answered this question for the SFC. I purchased 250,000 shares of Innate in Private Placement 1 at US\$0.18/share—the same price offered all participants in this private placement. I purchased 150,613 shares of Innate in Private Placement

2 at US\$0.26/share—the same price offered all participants in this private placement.

Mr. WYDEN. I also refer my colleagues to the following news articles and documents: “Australian Drug Maker has Low Profile but Powerful Backers in Washington,” printed in the New York Times on January 13 of this year; “Aussie shareholding puts heat on President’s Ally,” published in the Australian on February 6 of this year; the 2016 Annual Report to Shareholders of Innate; a periodic transaction report that Congressman PRICE filed with the House Ethics Committee on September 12, 2016; a list of the 20 largest investors in Innate dated January 17, 2017; and a stock price history of Innate.

I wish to turn to the issue of misleading testimony. What remains unresolved are major inconsistencies between Congressman PRICE’s testimony to the Finance Committee, statements by Congressman COLLINS, and statements by Innate’s CEO Simon Wilkinson published last week in the Wall Street Journal.

Simply put, Innate’s chief executive and Congressman COLLINS, the company’s top shareholder, provided one version of events to one of the world’s most respected newspapers. Congressman PRICE provided a different version of events to the Finance Committee and the Health committee. These inconsistencies are among the reasons that Democrats boycotted last week’s Finance Committee markup. The Senate has an obligation to know the truth about these transactions in order to protect the integrity of this body and its constitutional duty to consider executive branch nominees.

Now, with respect to exclusivity of the sale, Congressman PRICE told the Finance Committee that the August sale was available to all Innate shareholders, which contradicts what Innate’s management told the Wall Street Journal. Congressman PRICE was definitive in his response to my question during the hearing.

Reading back the transcript, I said: “Well, you purchased stock in an Australian company through private offerings at discounts not available to the public.”

Here is Congressman PRICE’s response: “Well, if I may, those—they were available to every single individual that was an investor at the time.”

That is not what Innate executives told the Wall Street Journal. Here is an extended passage from the Wall Street Journal:

Rep. Tom Price got a privileged offer to buy a biomedical stock at a discount, the company’s officials said, contrary to his congressional testimony this month. . . .

The cabinet nominee is one of fewer than 20 U.S. investors who were invited last year to buy discounted shares of the company—an opportunity that, for Mr. Price, arose from an invitation from a company director and fellow Congressman. . . .

At Mr. Collins’ invitation, Mr. Price in June ordered shares discounted in the private placement at 18 cents apiece, and then

more in July at 26 cents a share, Mr. Collins said in an interview. Those orders went through in August, after board approval. Mr. Price invested between \$50,000 and \$100,000 according to his disclosure form. . . .

Mr. Wilkinson said investors who had bought in a previous private placement were called to “make friends and family aware of the opportunity. . . . We are always looking to increase our shareholder base. But those new parties have to meet the definition of sophisticated financial investor.” Only six U.S. investors, including Mr. Price, fell into the friends-and-family category, Mr. Collins said. About 10 more U.S. investors were offered discounted shares by the company because they previously had been invited to partake in private placement offerings.

In other words, Congressman PRICE not only got a deal that wasn’t publicly available, he was in a special group of six investors in a special category called “friends-and-family,” whereas other American investors got in on the private deal because they previously participated in the company’s private placements. Congressman PRICE bypassed that requirement. He got in as what could only be called a special guest—a “friends-and-family” guest of his House colleague, Congressman COLLINS.

As I mentioned earlier, when I asked the company how Congressman PRICE was able to get this special status, the company refused to provide an explanation. The Wall Street Journal also reported a key distinction between U.S. investors and the company’s shareholders in Australia and New Zealand. The paper reported:

The discounted stock offered in Innate Immuno, as the company is known, was made to all shareholders in Australia and New Zealand—but not in the United States, according to Mr. Collins and confirmed in a separate interview with Innate Immuno CEO Simon Wilkinson.

The Wall Street Journal’s account is supported by company documents, specifically a “Rights Issue Booklet” that Innate published on June 10, 2016. The booklet noted that the shareholders would buy one new share for every nine shares they already own. The booklet noted that the shareholders would have “the option to pay for their new shares in either Australian dollars or New Zealand dollars.” The booklet goes on to describe the private stock sale in which Congressman PRICE participated. I will read briefly from the book:

In conjunction with this rights issue, Innate announced that it also completed a private placement at an issue price of U.S. 18 cents, raising U.S. \$1.8 million.

The booklet states clearly that the private placement was announced on the June 10, 2016, the same day Innate announced the rights issue for investors in Australia and in New Zealand.

Our staff has reviewed all of the company’s publicly available documents and found no similar advertisements for the private placement to American investors. So this paper trail pokes more holes in Congressman PRICE’s argument that the private stock sale was open to all the company investors.

First off, the company didn’t announce the existence of the private sale

until after it already had been completed. So unless an investor was on the company’s short list of go-to people, they were just excluded.

Second, the company’s documents clearly show that Congressman PRICE and other participants in the private stock sale were able to buy far more discounted shares than the company’s typical investors. Innate documents showed that the company restricted the number of shares the typical investor could buy in the rights issue to just one new share for every nine they already owned. No such limit appears to have been imposed on Congressman PRICE and the other American participants in the private stock sale. In fact, Congressman PRICE owned just over 60,000 shares at the time of the sale. His participation in the private stock sales allowed Congressman PRICE to buy 400,000 more shares. If Congressman PRICE had been held to the same rules as everyday investors, he would have been restricted to buying less than 7,000 shares.

The bottom line to me is what Congressman PRICE said was untrue. The deal Congressman PRICE got was not open to every other shareholder. And again, when I sent a letter last week to the Innate CEO, asking him to explain all of this, he declined. He told my staff that as an Australian firm, the company had no obligation to cooperate.

So to recap, Congressman PRICE told the Finance Committee and the Health Committee that the stock sales he participated in were open to all shareholders. That is not true. The private sale does not appear to have been widely marketed to American investors and was certainly not advertised in the company’s public documents. The private sale reportedly included less than 20 American investors. Congressman PRICE was part of an even smaller subgroup known as friends and family, invited by other investors—in this case, by his House colleague, Congressman COLLINS. How many people were eligible to be in the friends and family group? Just six.

That brings me to the next issue, which is, How did Congressman PRICE learn about the special sale in the first place? Congressman PRICE told the Finance Committee his conversations with Congressman COLLINS had no influence on his investment decisions.

I am going to again quote from his written response to questions for the record asking Congressman PRICE to describe the communications with Congressman COLLINS regarding Innate. Congressman PRICE said:

I had a conversation with Representative Collins in the fall of 2014 that brought Innate as a company to my attention. The nature of the conversation did not, however, influence my decision to invest in the company in either 2015 or 2016. I believe I had subsequent general communications with Representative Collins regarding Innate. I do not have a specific recollection of when those conversations occurred or their substance. Any such communications did not impact my investment decisions, however, because my

purchases of Innate were based solely on my own research.

I am going to quote again from the Wall Street Journal:

Mr. Price got in on the discounted sale after Mr. Collins filled him in on the company's drug trial, according to Mr. Collins. Mr. Collins said he told Mr. Price of the additional private placement. He said Mr. Price asked if he could participate in it. "Could you have someone send me the documents," Mr. Collins recalled Mr. Price asking him. Congressman Price wants us to believe that Congressman Collins had no influence on the decision to buy Innate stock. But Congressman Price would not have known about the company in the first place if he hadn't talked to Congressman Collins, and he wouldn't have known about the private placements without hearing about them from Congressman Collins.

Congressman PRICE characterizes his conversation with Congressman COLLINS in 2015 and 2016 as being general in nature. But again, according to the Wall Street Journal, Congressman COLLINS, one, told Congressman PRICE about the upcoming drug trial; two, alerted him to the private stock sale; and three, arranged to ensure that he could participate. To me, this seems like more than "subsequent general communications with Congressman COLLINS regarding Innate" as Congressman PRICE put it in his written response to the committee.

With respect to reporting to the committee and the Office of Government Ethics, I would just say that I think I described issues—ethical issues—that are serious enough on their own. However, it took no small amount of effort to unravel Congressman PRICE's holdings in the company because he failed to fully disclose them to Federal ethics officials, the American people, and the Finance Committee. I don't believe this issue would have ever come to light if it were not for the work of the committee's minority investigations team.

On February 7, 2 days ago, Congressman PRICE sent a letter to the independent Federal ethics officials at the Office of Government Ethics that amended his original public ethics disclosure. This letter confirmed the suspicions of Finance Committee Democrats that Congressman PRICE's original ethics disclosure to the public understated the value of his Innate stock holding by roughly a quarter of a million dollars. Put another way, his stake in Innate was more than five times the figure initially reported to the American people.

Congressman PRICE's original disclosure reported that he owned less than \$50,000 in Innate stock. At the time the disclosure was filed, by my calculation, his shares had a value of more than \$250,000. Today his stake is valued at more than \$300,000. Quite simply, it appears the shares he bought in the private stock sale in 2016 were excluded entirely from the Congressman's financial disclosure to the Office of Government Ethics. And because it is the Office of Government Ethics disclosure

that is posted on a public Web site so the public can see the investment ties and investments the President's nominees hold, the American people, too, were kept in the dark about how much stock Congressman PRICE held in this company.

In addition, the Congressman was also less than forthcoming in his disclosure of the value of Innate holdings to the Finance Committee. In his response to the committee questionnaire, Congressman PRICE valued Innate stock he bought in the private sale between \$50,000 to \$100,000. However, that amount was based on the \$84,000 discounted price the Congressman paid to buy his stocks in the August private stock sale. It was not based on the actual value of the stock on the Australian stock exchange—the true value of his holdings.

By December, when he made his disclosure to the Finance Committee, the stock price had nearly tripled and the shares he bought in those private sales were worth nearly \$230,000. In other words, he told the committee that his private purchases were less than half the value they really were.

Mr. President, I ask unanimous consent that the following items be printed in the RECORD: a memo from Finance Committee Staff to the Finance Committee, dated January 23 of this year, and a letter from Congressman PRICE to the Office of Government Ethics dated February 7, 2017, amending his public ethics disclosure.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

#### MEMORANDUM FOR FINANCE COMMITTEE MEMBERS

From: Senate Finance Committee Staff  
Date: January 23, 2017  
Re: Nomination of Dr. Thomas E. Price

This memo describes the Senate Finance Committee staff review of the 2013, 2014, and 2015 tax returns, and other documentation of Dr. Thomas E. Price in connection with his nomination to be the Secretary of the Department of Health and Human Services (HHS).

#### BACKGROUND

Finance Committee staff conducted a review of Dr. Price's Senate Finance Committee (Committee) Questionnaire, tax returns for 2013, 2014, and 2015, and financial disclosure statements. As part of this review, a due diligence meeting was held with the nominee and his legal representation on January 16, 2017. His accountant participated via telephone. In addition to the due diligence meeting, staff submitted multiple rounds of written questions to the nominee.

At the conclusion of this process, three issues have been identified that have been deemed appropriate to bring to the attention of Committee Members.

#### SENATE FINANCE COMMITTEE QUESTIONNAIRE—ETHICS INVESTIGATION AND LATE PROPERTY TAX PAYMENTS OMITTED

All nominees referred to the Committee are required to submit the Senate Finance Committee Statement of Information Requested of Nominee ("Questionnaire").

Part D. Legal and Other Matters, Question 1, asks nominees: "Have you ever been the subject of a complaint or been investigated,

disciplined, or otherwise cited for a breach of ethics for unprofessional conduct before any court, administrative agency, professional association, disciplinary committee, or other professional group?"

In his response, submitted December 21, 2017, Dr. Price responded, "No." However, in 2010, the Office of Congressional Ethics (OCE), an independent office of the House of Representatives, conducted an investigation into Dr. Price's 2009 fundraising activities. OCE voted 4-0-1 to refer the case to the House Ethics Committee, which, after conducting a second investigation, ultimately found no wrongdoing in 2011.

In written questions submitted to Dr. Price on January 6, 2017, Committee staff requested an explanation for the omission of the ethics investigation. Dr. Price stated it was an inadvertent omission and that the majority of activities investigated related to his authorized campaign committee, rather than him personally. The information pertaining to this investigation has been and continues to be available on the webpage of the House Ethics Committee.

Part F. Financial Data, Question 10, asks nominees: "Have you paid all Federal, State, local, and other taxes when due for each of the past 10 years?" Dr. Price responded, "Yes." However, upon examining Washington, D.C. and Nashville, Tennessee real estate tax records, Committee staff determined late tax payments had been made in relation to rental properties owned by Dr. Price, totaling \$1,583.45 for late payments made over the past seven years.

In written questions submitted to Dr. Price on January 6, 2017, Committee staff requested an explanation for the omission of the late tax payments. Dr. Price stated that, regarding the DC property, he believed that "late fees and penalties derived from not receiving timely property tax notices." Regarding the Tennessee property, the nominee noted that "notices regarding property taxes for this rental property . . . were either not being received or being wrongly mailed to the tenant at the property and not reaching the nominee and his spouse."

#### DEPRECIATION OF LAND VALUE AND MISCELLANEOUS EMPLOYMENT DEDUCTIONS

Committee staff received 2013, 2014, and 2015 tax returns from Dr. Price on December 21, 2016. In addition to the written questions submitted on December 28, 2016 and January 6, 2017, Committee staff spoke with Dr. Price's accountant on January 9, 2017. Following the due diligence meeting with Dr. Price, Committee staff then submitted an additional round of written questions to the nominee on January 16, 2017.

#### Improper Inclusion of Land Value in Depreciation Calculations

Taxpayers who own rental property are generally allowed to deduct depreciation expenses associated with the wear and tear of those buildings. Taxpayers are not, however, allowed to include the value of land in the depreciable amount.

Dr. Price owns rental condominiums in Washington, D.C. and Nashville, Tennessee, and claimed depreciation expenses associated with those properties for years 2013, 2014, and 2015. It appears these values included depreciation for the value of the land. According to property tax records, the land value of Washington, D.C. condominium was listed as \$95,640, and the land value of his Nashville condominium was listed as \$30,000.

Under current tax rules, these values are not allowable for depreciation expenses. Committee staff asked for clarification on this issue in the due diligence meeting with Dr. Price and sent written follow-up questions on January 16, 2017.

In his response to the Committee, received on January 23, 2017, Dr. Price's accountant

stated he had taken the position that the land had a fair market value of zero. However, given the lack of another valuation besides the property tax assessments, Dr. Price has committed to address the discrepancy by filing a Form 3115 to adjust the depreciation and account for the improper deductions on his 2016 tax returns, though adjustments may be spread out over four years.

*Absence of Documentation of Employment Deductions*

In 2013, 2014, and 2015, Dr. Price claimed miscellaneous employment deductions, totaling \$19,034. Dr. Price, and his wife, also a medical doctor, both list their occupations as “PHYSICIAN” on the second page of their Form 1040s. Neither Dr. Price nor his wife actively works as a physician, though Dr. Price has noted he has maintained his medical license. Committee staff requested substantiation and further explanation of the deductions in written questions submitted December 28, 2016.

Committee staff spoke with Dr. Price’s accountant on this matter on January 9, 2017, and again during the due diligence meeting on January 16, 2017. In those discussions, Dr. Price’s accountant noted that Dr. Price and his wife, Elizabeth, would compile a variety of expenses, including vehicle expenses, and discuss with the accountant what portion of those expenses would be appropriate to deduct as employment expenses, frequently settling on an amount equal to roughly 60 percent. Though the Prices no longer actively work as physicians, their accountant

believed that the deductions were appropriate, and were reflective of expenses incurred by Mrs. Price. After the January 16, 2017, due diligence meeting, staff suggested that in the absence of full documentation of the deductions, that the returns be amended.

In a response, received January 23, 2017, Dr. Price’s accountant noted that proper documentation could not be located. Dr. Price’s 2013, 2014, and 2015 tax returns will be amended to remove the \$19,034 of deductions. Since Dr. Price was subject to the Alternative Minimum Tax (AMT) in each of those years, the changes will not result in any change to tax liability.

ASSET VALUES

In separate financial disclosure filings to the House of Representatives, to the Committee, and to the public through the Office of Government Ethics (OGE) Form 278, the nominee reported ownership of stock in an Australian pharmaceutical company—Innate Immunotherapeutics Ltd. The nominee purchased these shares in two tranches: one in 2015 valued at \$10,000 at the time of purchase, but was valued at between \$15,000 and \$50,000 on December 20, 2016, the date of filing. A second tranche was purchased in August 2016 of 400,613 shares, through a private placement offering, and was listed on the Committee questionnaire as being valued between \$50,000 to \$100,000, which was based upon the purchase price. An analysis done by multiplying the number of shares by the market price on December 20, 2016 demonstrates a value higher than that reported

by the nominee. The nominee noted that the amounts reported to the Committee were a good faith valuation. The nominee agreed to recalculate the value of the shares based on the market value at the time the Committee Questionnaire was completed. The revised value of the second tranche was between \$100,000 and \$250,000 when filed.

The nominee and Committee staff also agreed that the tranche of shares acquired in August 2016 was not accounted for on the OGE Form 278, and the nominee told staff that income attributable to his holding in the company reported on OGE Form 278 was incorrect. The nominee noted that it is unclear how information related to his holding in this stock was misstated on the published form. The nominee agreed to contact OGE to correct the form.

FEBRUARY 7, 2017.

Ms. ELIZABETH J. FISCHMANN,  
*Associate General Counsel for Ethics, Designated Agency Ethics Official,*  
*Washington, DC.*

DEAR MS. FISCHMANN: The purposes of this letter are to amend the financial disclosure report that I signed on December 15, 2016, and to supplement the ethics agreement that I signed on January 11, 2017.

A—FINANCIAL DISCLOSURE REPORT

To correct inadvertent errors in my December 15, 2016, financial disclosure report, the items identified below are amended, as follows:

Part I

#	Organization Name	City/State	Organization Type	Position Held	From	To
2	Chattahoochee Associates .....	Atlanta, Georgia .....	General Partnership .....	Managing and General Partner .....	11/1993	Present

Part 2

#	Description	EIF	Value	Income Type	Income Amount
1	Chattahoochee Associates .....	no	\$100,001–\$250,000	None (or less than \$201)	

Part 6

#	Description	EIF	Value	Income Type	Income Amount
14.55	Amazon Com Inc .....	n/a	None (or less than \$1,001)	Capital Gains	\$2,501–\$5,000
15.1	Innate Immunotherapeutics Ltd. (INNMF) .....	n/a	\$15,001–\$50,000	None (or less than \$201)	

To correct an inadvertent error in my December 15, 2016, financial disclosure report,

the following item is added to that financial disclosure report:

Part 6

#	Description	EIF	Value	Income Type	Income Amount
28	Innate Immunotherapeutics Ltd. (INNMF) .....	n/a	\$100,001–\$250,000	None (or less than \$201)	

With regard to the assets disclosed in my December 15, 2016, financial disclosure report other than those listed above, the U.S. Office of Government Ethics has asked me to confirm that I disclosed the current value at the time of reporting. By this letter, I am confirming that I used current value with regard to those assets. This letter makes no changes to the value categories disclosed in that financial disclosure report other than those indicated above.

B—SUPPLEMENT TO JANUARY 11, 2017, ETHICS AGREEMENT

The new item listed above (Innate Immunotherapeutics Ltd./\$100,001–\$250,000) is covered by the commitment I made in my January 11, 2017, ethics agreement to divest all interests in Innate Immunotherapeutics Ltd. within 90 days of confirmation. In addition, the following commitments supplement my ethics agreement dated January 11, 2017.

In February 2017, I resigned from my position as Managing and General Partner of Chattahoochee Associates and transferred my ownership interest to my spouse. I will not participate personally and substantially in any particular matter that to my knowledge has a direct and predictable effect on the financial interests of Chattahoochee Associates, unless I first obtain a written waiver, pursuant to 18 U.S.C. § 208(b)(1).

If I have a managed account or otherwise use the services of an investment professional during my appointment, I will ensure that the account manager or investment professional obtains my prior approval on a case-by-case basis for the purchase of any assets other than cash, cash equivalents, investment funds that qualify for the exemption at 5 C.F.R. § 2640.201(a), obligations of the United States, or municipal bonds.

I understand that as an appointee I will be required to sign the Ethics Pledge (Exec.

Order no. 13770) and that I will be bound by the requirements and restrictions therein in addition to the commitments I made in the ethics agreement I signed on January 11, 2017.

I have been advised that this supplement to my ethics agreement will be posted publicly, consistent with 5 U.S.C. § 552, on the website of the U.S. Office of Government Ethics with ethics agreements of other Presidential nominees who file public financial disclosure reports. I understand that this letter will also be released as an attachment to my public financial disclosure report.

Sincerely,  
THOMAS E. PRICE, M.D.

Mr. WYDEN. I also refer my colleagues to the following documents: an announcement by Innate on June 10, 2016, entitled “Private Placements and



Rights Issue to Raise Additional Working Capital,” and the Public Financial Disclosure Report signed by Congressman PRICE on December 15, 2016, that was filed with the Office of Government Ethics.

I want to take a minute to return to the Innate company itself. I noted earlier that the company has put on a full court press to defend Congressman PRICE in recent weeks, as details of his special deal have come to light.

I am going to describe why that might be. Innate’s executives have sought to portray the company as being a small firm from Down Under that has been inadvertently caught in political crossfire on the other side of the world. But the fact is that Innate has longstanding connections to Congressman COLLINS and his inner circle, a circle that includes Congressman PRICE. As the Australian City Newspaper wrote this week, “Mr. COLLINS, his children and his ‘intimate political allies’ and donors controlled at least 27.25 percent” of Innate’s voting shares.

Then there is the baffling assertion mailed by Mr. Wilkinson, the CEO, that he only recently learned of Congressman PRICE’s existence through news articles. This is a stretch to believe and flies in the face of Congressman PRICE’s own testimony.

On January 13, the New York Times reported:

Mr. Wilkinson and Michael Quinn, Innate’s chairman, said they had never heard of many of the company’s more prominent investors, and said they first learned that Mr. Price had invested in the company from an article in the Wall Street Journal, which first reported his investment.

On February 5, Mr. Wilkinson, the CEO of Innate, told the Buffalo News, “I think the first time I heard that a gentleman named TOM PRICE had invested was after the U.S. media started reporting it.”

But Congressman PRICE was quite clear that he had communicated with Wilkinson. In written testimony, responding to questions for the record, he said: I also communicated with Simon Wilkinson of Innate regarding my interest in participating in the 2016 private placement of company stock. According to Innate’s Web site, Mr. Wilkinson is currently the managing director and CEO of the company.

Congressman PRICE’s name was also listed twice in the documents of the company, which reported the private stock sale participants to the Australian stock exchange last summer. Congressman PRICE also appeared to have bought nearly 5 percent of the discounted shares made available in the private stock sale. Given all that, it seems difficult to believe Mr. Wilkinson’s story that he had no idea who Congressman PRICE was.

Finally, The Australian, the Sydney paper I just mentioned, reported on Monday that Innate and Congressman COLLINS are facing questions about possible violations of Australia corpora-

tion law with regard to his holdings in the company. So why does this matter? It matters because a nominee to be a Cabinet Secretary, Congressman PRICE, was brought into this web of questionable stock transactions and obfuscations about just how special the special deal he really got was by a company insider, his friend, Congressman COLLINS.

As I get ready to close, I refer my colleagues to the following articles and documents: “Congressman Collins under fire for ‘suspicious’ stock trades,” published in the Buffalo News on January 17 of this year; “Collins shared biotech stock news with big Buffalo names,” again from the Buffalo News on January 19; “Collins’ controversial stock venture could be boom or bust,” from the Buffalo News on February 5 of this year; the Notice of Innate’s 2016 Annual Meeting and Explanatory Statement filed on July 29 of 2016; documents filed by Innate on September 12, 2016, and September 26, 2016, reporting results of the 2016 private stock placement.

As we close, I want to return to section 3 of the STOCK Act. It says:

Members of Congress . . . may not use non-public information derived from such person’s position . . . or gained from the performance of such person’s official responsibilities as a means for making a private profit.

So did Congressman PRICE have access to nonpublic information about Innate or its private stock sale because of his position as a Member of Congress? I believe the answer is yes.

Did he get special access to the discounted private sale because of his position? I believe the answer is yes.

Does he stand to profit because of the information or access he may have received? I believe the answer is yes.

Finally, did Congressman PRICE tell the Finance Committee and the HELP Committee the truth about how he learned about the private stock sale and the ability of average investors to participate? Congressman PRICE told the Finance Committee and the HELP Committee that the special stock deal he got in on was open to everyone.

According to the Wall Street Journal and company documents, that is not true. The deal he got was clearly different than what was offered to everyday investors. According to the Journal, his previous purchase of Innate stock did not qualify him to participate in the private placement without being a specially invited friends and family guest. This arrangement allowed Congressman PRICE to buy more shares than other investors were allowed to buy.

Congressman PRICE told the Finance Committee that his conversations with Congressman COLLINS, again, a director of the company, its largest shareholder, had no influence on his investment decisions. According to the Journal, this is not true. The Journal report made clear that Congressman COLLINS told him about the upcoming drug trial, alerted him to the private stock

sale, and arranged to ensure he could participate.

Now the majority party has shut down the vetting process, allowing Congressman PRICE’s nomination to reach the floor before all the facts have come into view. I believe the Senate can do better. It needs to do better. The American people are owed better.

I thank my colleagues, particularly Senator REED, for his patience and his courtesy.

I yield the floor.

The PRESIDING OFFICER (Mr. DAINES). The Senator from Rhode Island.

Mr. REED. Mr. President, I rise today in opposition to President Trump’s nomination of Congressman TOM PRICE for the Department of Health and Human Services. The Department he has been picked to lead is charged with protecting the health of all Americans, from safeguarding Medicare and nursing home care for seniors to investing in medical research and supporting public health programs, such as lead poisoning prevention and youth suicide prevention.

Unfortunately, Congressman PRICE has demonstrated over the last decade in Congress that he is unwilling or unfit or both to protect these critical health programs. In his role as chairman of the House Budget Committee, Congressman PRICE has offered plans to repeal the Affordable Care Act and turn Medicare into a privatized voucher program. This is the opposite of protecting the safety net programs for our most vulnerable citizens.

Time and again, Congressman PRICE has proved that he favors corporate interests over patients, which has raised ethics concerns. For these reasons, I will oppose his nomination.

First, I would like to talk about the Affordable Care Act. About a month ago, I was here talking to my colleagues on the floor about the impact of the ACA in my home State of Rhode Island and the consequences of repeal. In short, repeal of the ACA would be catastrophic in Rhode Island and across the country. Yet Congressman PRICE has led the efforts in the House of Representatives to repeal the ACA without any replacement. In fact, he is the architect of legislation to do just that.

The uninsured rate today is at its lowest point in recent history. That holds true in my State of Rhode Island. The uninsured rate there has fallen from nearly 12 percent to under 4.5 percent. That translates to over 100,000 Rhode Islanders who have gained coverage because of the ACA.

While it is not the case in every State, in Rhode Island insurance rates have dropped. In fact, consumers in Rhode Island have saved \$220 million since 2012.

We cannot go back to a system that allows private insurers to deny coverage for preexisting conditions or

charge more to those who need insurance the most. By contrast, Congressman PRICE opposes the preexisting conditions ban, one of the most popular provisions of the ACA.

His plan would allow insurance companies to deny coverage or to charge more to those with preexisting conditions, older Americans, and women. He has also proposed getting rid of the essential benefits package in the ACA. These protections require insurance companies to cover things like prescriptions drugs, maternity care, pediatric services, and mental health care. These are really things that any basic health coverage should include, yet Congressman PRICE has advocated taking away these consumer protections.

Stop and think about that. Congressman PRICE does not think that health insurance should cover pregnancy, for example. I mean, we are not really talking about extravagant services. These are the services that a reasonable person would expect their health insurance to cover. In fact, Congressman PRICE's plan, the Republican plan to repeal the ACA, would mean that nearly half a million Rhode Islanders with preexisting conditions—that is nearly half the population of my State—could be denied coverage or charged more. Those who might still be able to get coverage would quickly find that it does not cover that much.

These consumer protections that are embedded in the ACA affect everyone, not just those who have coverage because of the ACA. Before the ACA, the Affordable Care Act, insurance plans, including coverage through your employer, could impose annual or lifetime limits on coverage, meaning coverage could end just when you need it most. With Congressman PRICE in charge, if he has his way, we will see a return of these limits, even for employer-sponsored health plans.

The nominee's stance on the Affordable Care Act is not my only worry because when it comes to Medicare and Medicaid, benefits that Americans have worked hard to earn and to fund, Congressman PRICE's views are far outside the mainstream.

Medicare is one of the great success stories in expanding access to care and keeping seniors out of poverty. Since the passage of Medicare in 1965, we have seen significant decreases in the numbers of seniors living in poverty, and this is largely because of Medicare and, of course, Social Security, another critical safety net program for seniors. I believe that Medicare is essential for the quality of life of Rhode Island's seniors and for seniors across the country.

In fact, I supported the ACA because it made key improvements to Medicare that strengthened its long-time solvency and increased benefits, such as closing the prescription doughnut hole and eliminating cost sharing for preventive services, such as cancer screenings.

Over 15,000 Rhode Islanders saved \$14 million on prescriptions drugs in 2015,

an average of \$912 per beneficiary. In the same year, over 92,000 Rhode Islanders took advantage of free preventive services, representing over 76 percent of beneficiaries. We see these benefits because of the Affordable Care Act.

Repealing the Affordable Care Act, as advocated by the Congressman, means repealing these benefits for seniors and shortening the life of the Medicare trust fund by over a decade. What is worse is that Congressman PRICE not only wants to repeal the ACA and the Medicare benefits that come with it, but he has also advocated for privatizing Medicare, turning it into a voucher-based program, as well as raising the eligibility age.

Simply put, this would end Medicare as we know it. Millions of Americans, including over 200,000 Rhode Islanders, have paid into the system, counting on the benefits that they have earned and worked their entire life for. Under Congressman PRICE's plan, Republicans would shift more costs to seniors who have played by the rules and planned for retirement with quality Medicare coverage.

Congressman PRICE and Congressional Republicans will tell you that they are trying to cut costs under the banner of trying to save Medicare. If that is the Republican standard, then why do they oppose the ACA which actually improved Medicare services, cut costs, and extended Medicare solvency? That seems to be a pattern with many on the other side: Act very serious and concerned about Medicare's finances, but then make every effort to demonize and roll back these improvements.

In fact, Medicare spent \$453 billion less from 2009 to 2014 than it expected under growth trends prior to the ACA, all while increasing benefits like free preventive care and better prescription drug coverage and adding over a decade of solvency to the Medicare trust fund. The projected cost—the best projections were actually lowered by the ACA while benefits were increased. This talk of supposedly saving Medicare is really, in my view, a ruse to make draconian cuts to free up more Federal funding for things like tax breaks for the wealthy. We cannot allow Republicans under Congressman PRICE's leadership to go back on the Medicare guarantee we have made to seniors that we represent all across this country.

Congressman PRICE has also made a number of troubling statements about Medicaid and the Children's Health Insurance Program, CHIP. First, repeal of the ACA would have a disastrous effect on State Medicaid programs, kicking 11 million Americans off their health insurance, including 70,000 Rhode Islanders.

However, this is not enough for Congressman PRICE. He has offered legislation to cut Medicaid even further, to the tune of \$1 trillion, by turning Medicaid into a Block Grant Program.

I think my colleagues should really consider how this would impact their

States. Including those newly insured by the ACA, Medicaid covers 74 million Americans. Who makes up this population? Well, half of the Medicaid enrollees are children.

Medicaid also pays for half the births in this country.

These are staggering numbers. In Rhode Island, one in four children is covered by Medicaid or CHIP, and one in two people with disabilities is covered by Medicaid.

While Medicaid was initially designed to help low-income families, seniors now account for approximately half of Medicaid's spending nationwide. Nearly 60 percent of nursing home residents are covered by Medicaid across the country, and that holds true in my State of Rhode Island.

Many of these people are our neighbors, our friends. They have been working all their lives, and they have qualified for this coverage because they have been able to move some of their assets out of their ownership because our rules don't recognize retirement accounts. So these are our neighbors.

When Congressman PRICE talks about turning Medicaid into a block grant program, every Member of this Chamber has to stop to realize that there is no way to cut Medicaid by trillions of dollars without harming children and seniors and placing each of our States in a very difficult position because they, too, contribute to Medicaid; because they have a responsibility to children and seniors for health care; because they do also help support nursing home, nursing facilities for seniors and the disabled. And they would be in a disastrous situation.

Now, all of these are, I believe, reason enough to oppose Congressman PRICE's nomination. However—and I alluded to this earlier, and Senator WYDEN went into great detail—Congressman PRICE has a history of conflicts of interest, such as investments in the very issues and companies he worked on, as a Member of Congress.

Congressman PRICE traded hundreds of thousands of dollars in health care pharmaceutical stocks, all the while advocating for regulation legislation that would financially benefit these very companies. Again, Senator WYDEN has made a very detailed and very persuasive case in this regard.

In fact, as Senator WYDEN has pointed out, after receiving information from a fellow Congressman and now a member of President Trump's transition team, Congressman PRICE was one of a small group who was offered the chance to purchase stock in a biomedical group at a discounted price.

Now, Democrats are not going to have the opportunity to fully examine these issues. I find the examples we do have to be deeply concerning. The very articulate, eloquent, and detailed—exhaustively detailed—statement by Senator WYDEN adds further credence to this presumption.

This is a very disconcerting pattern of behavior. Indeed, I believe this pattern of behavior warrants further investigation, but those requests have been denied by the Republican majority. These allegations are now even more concerning because of the need for further investigation, but those requests have been denied by the Republican majority. These allegations are even now more concerning because Congressman PRICE is considered for the top role in this administration in charge of protecting the health of all Americans and, indeed, affecting the corporate situation of thousands of companies throughout this land that he may or may not have a financial interest in.

Now I have heard from hundreds of Rhode Islanders who have expressed these concerns to me, from his support for the efforts to repeal the ACA and cut Medicaid and Medicare to his questionable investments. I agree with them.

As such, I am unable to support Congressman PRICE's nomination for Secretary of the Department of Health and Human Services, and I would urge others to look very carefully at the record, carefully at the advocacy for the elimination, basically, of Medicare as we know it, of block-granting Medicaid, which would harm children and seniors and put excruciating financial pressure on every State in this country, and his own behavior with respect to personal investments.

With that, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Ms. HASSAN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Ms. HASSAN. Mr. President, I rise today to join my colleagues in opposing Congressman TOM PRICE's nomination to be the Secretary of the Department of Health and Human Services.

Every American deserves the opportunity to have quality, affordable health insurance coverage to help them live healthy and productive lives. Having health care is not just critical to the freedom, dignity, and well-being of our citizens but also to the strength of our economy.

As Governor, I worked with Democrats and Republicans in New Hampshire to expand health insurance coverage—including coverage for substance use disorder and behavioral health services—to tens of thousands of Granite Staters.

We need to bring this same bipartisan approach to the Senate. We know that there are serious challenges in our health care system that must be fixed, and we need to work across party lines to support commonsense improvements to move our Nation's health care system forward, not rip health insurance

coverage away from millions of Americans.

This is why I cannot support Congressman PRICE's nomination. Throughout his time in office, Congressman PRICE has promoted policies that would undermine the health care that so many in my State and across our Nation depend on. Congressman PRICE wants to repeal the Affordable Care Act, which would strip coverage away from millions of Americans. Those who seek to repeal the ACA, including Congressman PRICE, have not come up with a plan to replace it.

Repealing the ACA without a replacement would send insurance markets reeling. It would be devastating for millions of people who have coverage because of the law.

Repealing the ACA would eliminate New Hampshire's bipartisan Medicaid expansion plan, harming our State's efforts to combat the heroin, fentanyl, and opioid crisis. This crisis is the most pressing public health and public safety challenge facing our State, and thousands of Granite Staters have accessed substance misuse treatment because of Medicaid expansion.

Just a couple of weeks ago, I met a young man named Noah at Harbor Homes in Nashua. Noah is an active participant in the Nashua drug court and a former enrollee in our Medicaid expansion program.

Last month, after 14 years of struggling with addiction, Noah was celebrating 1 year sober. Because of legislation that expanded Medicaid, passed under bipartisan leadership, Noah received health insurance through Medicaid expansion, and he was able to quickly begin treatment.

Noah's recovery process required medication-assisted treatment which he would not have been able to afford had it not been covered under Medicaid. He is now 5 months off that treatment and hasn't had an instance of relapse.

Noah said the ACA and Medicaid expansion are "working miracles every single day in this recovery community." For Noah and so many others, we cannot afford to set back our efforts, but that is what the repeal of the ACA would do.

I also oppose Congressman PRICE because he is determined to turn back the clock on women's access to reproductive health care. He has fought against the woman's constitutionally protected right to make her own health care decisions and control her own destiny. He has voted 10 times to defund Planned Parenthood, and he has voted against a resolution to protect employees from being punished or fired by their employers for their reproductive health decisions.

And I oppose Congressman PRICE because he has pushed to turn Medicare into a voucher program, which will increase costs for seniors. Congressman PRICE's views and priorities are simply at odds and out of touch with the views and priorities of many, many Granite Staters.

Additionally, Mr. President, serious issues have been raised throughout this nomination process regarding Congressman PRICE's conflicts of interest and his potential violation of the STOCK Act, including recent reports suggesting that he received a private discount to purchase a health company stock while engaged in legislative efforts that would directly affect the company's financial interests. Congressman PRICE's insufficient responses concerning his stock purchases raise the question of whether, if confirmed, he will put corporate interests ahead of the American people. That is unacceptable. I believe we need a health care system that works for every American, and that is why I will vote against Congressman PRICE's confirmation.

I want to talk a little bit more about what Congressman PRICE's confirmation would do with respect to Medicaid expansion and particularly how it would affect the opioid crisis in New Hampshire. In New Hampshire, we proved that Democrats and Republicans can come together to move our health care system forward when we passed our Bipartisan Medicaid Expansion Program. Passing and reauthorizing this program included healthy debate, and at times some argument, but what matters of course is what we do after our argument, after those debates. We were able in New Hampshire to put our differences aside and take a critical step forward to continue strengthening our families, our businesses, and our economy. This is the approach we need to be taking in the United States Senate.

The benefits of Medicaid expansion are clear, over 50,000 Granite Staters are now covered in a population of 1.3 million people. We included in Medicaid expansion coverage of substance use disorder and behavioral health services. I have heard story after story of Granite Staters who are in recovery, thanks to Medicaid expansion. I told Noah's story just a few minutes ago.

At another round table I met a young woman named Ashley at the Farnum Center in Manchester, CT. Ashley told of suffering from addiction for over 10 years. One day she woke up to discover that her husband had died of an overdose. She lost custody of her young daughter, but because of Medicaid expansion, Ashley was able to get treatment. She has been in recovery now for a little bit over a year—recovery through medical treatment made possible by Medicaid expansion. Because she is in recovery, she was able to get a job. Because she began working again, she actually has now moved off Medicaid expansion onto private health insurance. So Medicaid expansion was there when she needed it to get healthy. Now she doesn't need it anymore, and she is participating in the private health insurance market. By the way, she is beginning to reestablish her relationship with her young son. That is the power of the Affordable Care Act. That is the power of Medicaid expansion.

Representative PRICE, on the other hand, has advocated for repeal of these very programs. Such a repeal would have such harmful impacts, pulling the rug out from those who have coverage right now for critical medical conditions. At his confirmation hearing, Representative PRICE declined to guarantee that Americans with substance use disorders who got on insurance through Medicaid expansion would still be covered for these services if the Affordable Care Act is repealed under Representative PRICE's leadership.

He also would not commit to continuing the requirement under the Affordable Care Act that health insurance companies must cover essential health benefits, including treatment for substance abuse.

Representative PRICE's support for the repeal of the Affordable Care Act also requires more discussion. The Affordable Care Act has helped families across our Nation access quality, affordable health insurance coverage. We need to come together now and find bipartisan areas in which we can agree to improve the law, but we should not be repealing it. We should not be taking coverage away from millions of people. I have joined a number of my colleagues in expressing our willingness to work across the aisle with our colleagues to improve the law, but unfortunately it seems our colleagues in the Senate are headed down a path to repeal the law without a plan to replace it. Repealing the ACA without any replacement is a recipe for upheaval and instability, a recipe for hurting our families, small businesses, and our economic progress. Representative PRICE and those who seek to repeal this law have not agreed on any path forward other than repealing and stripping coverage away from millions of Americans. Repealing would have major consequences for many Granite State families and small businesses.

My office has heard from constituents about the impact the Affordable Care Act has had on their lives. One resident from Keene, NH, wrote to say this law has helped fulfill his goal of starting a small business. He wrote:

I have had health insurance through the exchange under the ACA since late 2015, when I quit my job to start up a business. Before the ACA, I wouldn't have taken the risk to start a business, because I have a pre-existing condition and I wouldn't have been able to get an individual health insurance policy.

He continued:

Under the ACA, I am able to get good health insurance at an affordable premium. Since I left my job I built up a profitable business and expect to be in a position to hire employees within a year or two. None of this would have been possible without the ACA.

And he added:

If the ACA is repealed, I am concerned that I will need to put my business on hold in order to go back to a corporate job that I don't need, only to get the health care benefits. The ACA has flaws, but overall it has allowed me to take an entrepreneurial risk and start a small successful business.

It is clear that this law has truly made a difference not just for the health of our citizens but also for our economy, and we cannot undermine the progress we have made.

I am also deeply concerned about Representative PRICE's record and his statements concerning women's health care. Representative PRICE has consistently opposed women's reproductive freedom. I have always fought to protect a woman's right to make her own health care decisions and to chart her own course, and I always will. This is not just a matter of individual freedom, which of course is a good enough reason in its own right to support women's reproductive choice, but it is also a matter of economics. When women have to pay more for their health care than men do, it puts them at a financial disadvantage.

As Governor, I restored family planning funds and pushed to restore State funding to Planned Parenthood because I know how critical these services are for the women and families of my State. It is unacceptable that Washington Republicans continue to play games with women's health, and Representative PRICE has been at the forefront of that effort. Representative PRICE does not support a woman's constitutionally protected right to a safe and legal abortion. He has cosponsored and repeatedly voted for measures that would ban all medically appropriate abortions, without exceptions for rape, incest, or to protect a woman's health. He has voted to penalize small businesses that choose private health plans that include abortion coverage. Additionally, he has voted to allow employers to discriminate against employees based on their reproductive health decisions. He voted to eliminate the Title X Family Planning Program. He voted 10 times to defund Planned Parenthood.

Defunding Planned Parenthood, a critical health provider, would have devastating effects. A recent article in the Washington Post highlighted the impact of what can happen when legislatures attempt to defund Planned Parenthood.

This report in the post found:

In 2011, the Texas legislature cut the two-year budget for funding family planning from \$111 million to \$38 million in an effort to defund Planned Parenthood. After these cuts, 82 Texas family planning clinics, one out of every four in the state—closed or stopped providing family planning services. An unintended consequence of the law was that two-thirds of the clinics that closed were not even Planned Parenthood clinics. Organizations that remained open, many with reduced hours, were often unable to offer the most effective methods of contraception, such as IUDs and contraceptive implants, to women who wanted them. The closings and reduced hours also limited or cut back access to primary care providers for a significant number of women.

Women and their families deserve better than an HHS Secretary who would disregard their constitutional right and roll back their access to reproductive health care. They deserve

better than an HHS Secretary who appears to believe that women are neither capable nor trusted to make their own health care decisions. I believe women should be full and free citizens in the United States of America and can be trusted to make their own health care decisions.

Representative PRICE's nomination and his confirmation would be harmful to our seniors as well. Seniors deserve a high quality of life, high-quality care, and access to the benefits that they have earned throughout their life. I believe we must continue to strengthen and protect Medicare for years to come, not undermine it. Unfortunately, Representative PRICE has long sought to undermine Medicare and the important benefits it provides to seniors. His budget proposals have included extreme cuts to the program. He supports turning Medicare into a voucher program. In fact, he even said he wants to voucherize Medicare within the first 6 to 8 months of the Trump administration. This would increase costs for seniors.

He has also repeatedly opposed allowing Medicare to negotiate drug prices for seniors. He has argued that seniors have no drug cost problem. Imagine that, a Health and Human Services Secretary who believes that drug costs are not an issue for our seniors. He even said allowing Medicare to negotiate prices for prescription drugs would be "a solution in search of a problem."

I can tell Representative PRICE that there are certainly seniors in New Hampshire who have found that the cost of their prescription drugs are truly a problem, and as we talk about the need to shore up and strengthen the Medicare Program, one of the best ways to stabilize its finances would be to allow Medicare to negotiate for prescription drug prices to lower those prices, lower the cost of the program, while making the program even more affordable for our seniors.

That is not something that Representative PRICE has even expressed a willingness to consider because he doesn't even acknowledge there is a problem. Representative PRICE has also supported raising the Medicare age from 65 to 67. This amounts to a devastating benefit cut for seniors, shifting costs onto them, which is unacceptable.

Whenever I hear people suggesting raising the retirement age for Social Security or the age for Medicare eligibility, I am reminded of my father-in-law. My father-in-law was one of the hardest working people I ever knew. He worked as a wholesale meat cutter, and for anybody who has never seen what that means, it means standing on your feet for hours at a time in a cold meat locker as large carcasses come through, and with time pressures, the way any production facility has, cutting those carcasses into salable product.

My father-in-law left the house before dark. He often came home, having

been assigned overtime, after dark, having been standing on his feet in the cold, doing incredibly hard, physical labor.

When it came time for him to retire, when he became eligible for Medicare, he really couldn't have worked at that job much longer. And the fact that he had a dignified retirement after those years of hard work was in large part due to Medicare. Before the physical impacts of that job slowed him down, it was our great pleasure to watch a man who had provided for his family with such hard work know the dignity of playing with his grandchildren, sleeping in until 7:30 or 8 in the morning, and watching his family grow and strengthen and thrive.

That is the dignity of Medicare. It is the dignity of Social Security. And to have a Health and Human Services Secretary who believes we should just be raising that age, as Representative PRICE does, contradicts the very notion of what it means to earn a benefit and to know a dignified retirement.

I am proud of the progress we have made to help ensure that more Granite Staters and Americans have the quality health care they need at an affordable cost. There is much more work to do to move our health care system forward and to combat the heroin opioid and fentanyl crisis that has devastated far too many families in New Hampshire and across our Nation. I am ready and willing to work with anyone who is serious about making improvements to our health care system to improve affordability and access to care, but that does not start with pulling the rug out for millions of Americans. It does not start with rolling back women's access to critical health care services.

Congressman PRICE's record demonstrates that he puts a partisan agenda and corporate interests before the health and economic well-being of our families. The American people deserve a Secretary of Health and Human Services who will help more Americans receive quality, affordable health insurance coverage, not one who supports stripping it away by repealing the Affordable Care Act without a replacement.

For these reasons, I will be voting no on Congressman PRICE's nomination, and I urge my colleagues to do the same.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. TILLIS). The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. WYDEN. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

Mr. WYDEN. Mr. President, the debate on Congressman PRICE's nomination, in my view, is a referendum on the future of health care in America.

On this side of the aisle, we think it is worth spending 30 hours talking

about a subject this important to our people. My view is that this is about whether the United States is going to go back to the dark days when health care worked only for the healthy and the wealthy.

Based on the public record, Medicare is a program Congressman PRICE does not believe in, and it offers a guarantee of services he doesn't believe seniors should have.

On the Affordable Care Act, he is the architect of repeal and run. He wrote the bill himself. He proposed weakening protections for Americans with preexisting conditions. He would shred the health care safety net—Medicaid—for the least fortunate among us. He would take away health care choices for women, particularly the opportunity to go to the physician that they trust.

As we wrap up and get ready to vote, think about the common thread among these proposals: They take away coverage from our people, make health care coverage more expensive for millions of people, or both. That is what Congressman PRICE stands for when it comes to health care. Every Senator who casts a vote for Congressman PRICE has to stand by that agenda.

Beyond what this means for the future of American health care policy, there is the lingering spectre, as I have discussed tonight in detail, of serious legal and ethical issues. Congressman PRICE got special access to a special deal on stock in an Australian biomedical company. He claimed multiple times before Senate committees that the deal he got on discounted company stock was open to all shareholders. All the evidence—all the evidence—says that this is untrue.

First, he had to go through the back door to get access to the discounted price. He got a special friends-and-family invite from his colleague in the House, Congressman CHRIS COLLINS, the company's top shareholder and a member of its board.

Second, rules that apply to other investors didn't apply to Congressman PRICE. Other shareholders were bound by a limit. They were able to buy one discounted share for every nine they already owned. That would have allowed Congressman PRICE to buy just 7,000 discounted shares. He bought 400,000 discounted shares. In my view, he can't get around that. That is the definition of a special stock deal.

The Congressman introduced legislation that would have lowered the tax bills of three major pharmaceutical companies in which he owns stock. He invested \$15,000 in a medical equipment company and then introduced legislation to increase the amount Medicare pays for that type of equipment. Parts of his bill went on to become law. He bought thousands of dollars' worth of stock in a company called Zimmer Biomet less than a week before introducing legislation that had the potential to drive up the value of those shares. Now he has argued that he

didn't purchase the stocks; his broker did. But at the very least, he would have known about those deals within days of the purchase when he filed the periodic transaction reports in the House. Under his brokerage agreement, he could have quickly resold the stock, but he did not. Furthermore, he didn't consult with the Ethics Committee regarding any of the trades I have spoken about as directed by the House Ethics Manual.

As I wrap up, I want to put a human face on why so many Senators on this side of the aisle have come to the Senate floor to speak so passionately about their grave concerns with this nomination. Nothing sums up our concerns more clearly than a line from an op-ed Congressman PRICE wrote in 2009 that discusses Medicare. His quote speaks volumes about his perspective on this program.

It is a lifeline. I first became acquainted with it back in the days when I was codirector of the Oregon Gray Panthers, ran the legal aid program for older people. I saw then that seniors were walking on an economic tightrope, balancing their food bill against their fuel bill, their fuel bill against the rent bill. They saw Medicare as one of the great achievements in American policymaking.

Here is what the Congressman wrote—his words, not mine: "Nothing has had a greater negative effect on the delivery of health care than the federal government's intrusion into medicine through Medicare." When I read that, I was reflecting on my Gray Panther days, and I think a lot of other Senators go back working with community organizations. We just heard a wonderful presentation from Senator KING, who was also a legal services advocate.

Before Medicare, before this program that Congressman PRICE thinks is such a negative intrusion into medicine, a lot of older people were warehoused in poor farms. I am absolutely certain that Congressman PRICE doesn't want to go back to those days, but when he speaks about the involvement of Medicare in American health care as though a plague has descended on the land, we just have to question his commitment to a program that has become a lifeline to millions of older people.

The fact is, Medicare has always been a promise. That is what we said back in the early days with the senior citizens. Medicare was a promise. It was a promise of guaranteed benefits. Again, based on the public record, Medicare is a program Congressman PRICE doesn't believe in, and it offers a guarantee of services he doesn't think seniors ought to have.

He has said he wants to voucherize the program within the first 6 to 8 months of the administration. What we are talking about when you want to do that is you are breaking the promise of Medicare. You are breaking the promise of guaranteed benefits, and you are going to sort of hand people a piece of paper and say here is your voucher, I

hope it works for you. If your medical expenses are greater than your vouchers, that is the way it goes, tough luck.

The price budget cut Medicare by nearly \$1 million. By the way, that is exactly the opposite of the Trump pledge, not to cut Medicare that the American people heard on the campaign trail. There is a big gap between what President Trump said about Medicare and the bills and legislative efforts of Congressman PRICE in the other body—big gap. That is why it sure looks to me like the promise of Medicare is one that Congressman PRICE would break.

By the way, we all ought to understand that if confirmed, Congressman PRICE would be the captain of the Trump health care team. What he says matters, and what he offered—legislatively, his positions and his votes. He voted again and again to repeal the Affordable Care Act.

It really matters what his past record is. If past is prologue, it is certainly relevant. It really matters. He was the architect of what amounted to repeal and run. He wrote legislation creating loopholes in the protection for those with preexisting conditions, and the big beneficiary there was clearly the major insurance companies.

Women would find it much harder to make the health care choices they want and see the doctors they trust if the price proposals were lost. Medicaid pays 65 percent of the nursing home bill in America. And on this side of the aisle, we are going to fight Congressman PRICE's block grant proposals that are going to put seniors at risk.

I am going to close with this. I always hope I am wrong when I raise the prospects of real threats to the welfare of the American people because the reason public service was important to me was because of those first days with the Gray Panthers. I never thought I would have that kind of wonderful opportunity; that I would have had this opportunity for public service. For me and so many on this side of the aisle—I see my colleagues who have been active in their communities—this has always been about the welfare of the American people. That is what it is about—all those faces we see when we are home, having community meetings and getting out with our people.

The public record in this case indicates that as Secretary of Health and Human Services, Congressman PRICE would, in fact, be an extraordinary threat to seniors on Medicare, vulnerable older people who need Medicaid for access to nursing homes, millions of kids for whom Medicaid is the key to a healthy future, and women across the country who have a right to see the doctors they trust.

I am going to oppose this nomination. I urge my colleagues to join me in opposition.

Mr. President, I wish to take a few minutes to address Congressman PRICE's stock purchases. At best, this is behavior that cuts ethical corners.

At worst it is dangerously close to outright insider trading. Congressman PRICE has a lot of questionable trading activity. He introduced legislation that would lower the tax bills of three major pharmaceutical companies he owned significant amounts of stock in. He invested \$15,000 dollars in a medical equipment company then introduced legislation to increase the amount Medicare pays for that type of equipment. Parts of his bill went on to become law.

But let's look at one investment in particular, Congressman PRICE's investment in Zimmer Biomet. Zimmer is a medical device company that specializes in joint replacements, including knee, hip, shoulder, and foot and ankle replacements.

Hip and knee replacements are high cost procedures, and they are two of the most common procedures performed on Medicare patients. According to CMS, more than 400,000 hip and knee replacement procedures were performed in 2014, costing more than \$7 billion for the hospitalizations alone. Despite the high frequency of these surgeries, costs vary widely across geographic areas, and complications like infections or implant failures after surgery can be three times higher at some facilities.

In November 2015, in an attempt to incentivize higher quality procedures for Medicare recipients and control the cost of these replacements, CMS finalized a new pricing model slated to be implemented in April 2016. This new pricing model was a cost-bundling payment model; instead of Medicare paying for each individual service, Medicare reimburses hospitals with a single lump-sum payment, allowing hospitals to coordinate overall care for the patient.

These changes were designed to incentivize improved care for patients, lowering costs and improving quality. However, according to independent analysts, medical device companies, especially those who specialize in orthopedic implants, could face "material headwinds" from the new pricing model since hospitals facing reimbursement pressures are likely to pass some of that burden onto those device companies.

In September 2015, Congressman PRICE led an effort to send a letter from members of the House of Representatives to CMS challenging many of the features of the CMS proposal. A copy of the letter, dated September 21, 2015, is available on the Congressman's website.

This is where Zimmer Biomet comes in. Zimmer is a medical device manufacturer with significant exposure to the new pricing model. According to analysts, over 60 percent of Zimmer's revenues come from hip and knee devices, and the CMS guidelines had the potential to significantly affect the company's profits.

On March 17, 2016, a few weeks before the CMS model was set to go into ef-

fect, Congressman PRICE bought thousands of dollars worth of Zimmer Biomet stock through his brokerage account. On March 23, 2016, less than a week later, Congressman PRICE introduced H.R. 4848, the "HIP Act," which would have delayed the implementation of CMS regulations for Medicare coverage of joint replacements.

Let's pause right here. In 2016, Congressman PRICE had a financial stake in one of the companies that stood to benefit most from the legislation he was promoting. Those basic facts are not in dispute. Congressman PRICE introduced legislation that had the potential to add to his personal fortune.

Now, various arguments have been made, by Congressman PRICE and others, to defend this activity. First is the argument that there wasn't much money at stake, just a few thousand dollars. But the truth is a few thousand dollars is a lot of money to a lot of Americans. An unexpected medical bill that size could have a serious effect on many Americans and the person in charge of our health care system should take that amount of money just as seriously.

Second, there is the argument that he didn't purchase the stock; his stockbroker purchased it. I am going to return to that issue in more detail in a moment, but one thing is clear. That is the fact that Congressman PRICE knew this stock had been purchased in his name, in his account, within a matter of days.

On April 15, 2016, Congressman PRICE filed what is called a Periodic Transaction Report which Members of Congress are required to do within 30 days of reportable stock purchase. Not only did Congressman PRICE file a report that he had purchased Zimmer Biomet along with dozens of other stocks, he initialed the entry for Zimmer Biomet in order to correct a mistake on the document; a correction making it clear that the Zimmer Biomet transaction was a stock purchase.

There is also the question of whether this activity violated House Ethics rules. Congressman PRICE also said, in answer to written questions, that "no conflict existed and no consultation was necessary." He also said, "Throughout my time as a Member of the [House], I have abided by and adhered to all ethics and conflict of interest rules applicable to me."

He gave the same answer regarding three other bills that appear to conflict with investments he held: H.R. 4185, the Protecting Access through Competitive-pricing Transition Act of 2015, the PACT Act; H.R. 5400, a bill pertaining to tax rates in Puerto Rico, which would have likely impacted drug manufacturers he owned Eli Lilly, Bristol Myers Squibb, and Amgen; H.R. 5210, the Patient Access to Durable Medical Equipment (PADME) Act of 2016.

Let's go through that in some detail. It is true that the House Ethics rules, like the Senate Ethics rules, allow a



member to cast a vote on a matter relating to a company in which he or she owns stock. However, that standard only applies to casting votes. If you do more, and become an active advocate of a bill that could benefit a company that you own stock in, a different standard applies.

On page 237 of the House Ethics Manual, it says that before undertaking active advocacy of legislation that will benefit a company in which a member owns stock, such as before introducing a bill, “the Member should first contact the [Ethics] Committee for guidance.”

The Ethics Manual is crystal clear. If you go beyond voting, and you are actively pushing a bill that would benefit a company in which you own stock, you should consult with the Ethics Committee.

Congressman PRICE did not consult with the Ethics Committee regarding any of these trades.

In a written question, I asked Congressman PRICE about this. I asked whether, in light of the House Ethics Manual’s recommendation, he had consulted with the Ethics Committee regarding his purchase of Zimmer Biomet and other stocks. He did not answer the question. Instead, he resorted to the same talking point—that the Zimmer Biomet stock was purchased by his broker and that there was no need to consult because there was no conflict.

By my reading, this interpretation is flat wrong. Under the House Manual, he should have consulted with the Ethics Committee.

To be clear, the Ethics Committee might have concluded that it was a relatively small purchase, and that Congressman PRICE’s advocacy was consistent with his longstanding position, and therefore that it was fine for him to go ahead and purchase the stock and then introduce the bill. On the other hand, the Ethics Committee might have reached a very different conclusion. It might have advised him to refrain from purchasing the stock.

The public will never know, because he didn’t ask. Despite the clear guidance in the House Ethics Manual, he didn’t even ask. And now the majority party is carrying his nomination toward the finish line.

Apart from conforming with House Ethics rules, there is also the question of whether Congressman PRICE’s activity violated insider trading laws. Lawmakers in both the House and the Senate have a duty of public trust. The STOCK Act, which Congressman PRICE and I both voted for in 2012, and longstanding SEC rules denote that Members of Congress have a fiduciary duty to the American people. What that means is that we will use the public power we’ve been granted to benefit the interests of all Americans. The SEC’s Rule 10b5, in particular, prohibits the purchase or sale of stock on the basis of material nonpublic information.

As a threshold matter, Congressman PRICE claims that insider trading laws don’t apply to him because the Zimmer Biomet stock was purchased by his broker without his knowledge. But as I’ve discussed at length, this argument is a red herring because Congressman PRICE did have knowledge of these trades. He submitted signed records of the trades shortly after they were made. Furthermore, the laws related to insider trading give clear guidance on how to trade through a broker without violating insider trading laws. And just as with the House Ethics rules, when faced with clear guidance on how to manage conflicts of interest, Congressman PRICE chose not to follow it.

Whether those stocks were purchased directly or through a broker is not, by itself, a defense to insider trading. According to SEC rules, Congressman PRICE and his broker needed to agree to a “written plan for trading securities” that does not “permit the person to exercise subsequent influence over when, how, or whether to effect purchases or sales of securities.” So, if Congressman PRICE had, in writing, given his broker complete control over his portfolio we wouldn’t be discussing this issue today. But he did not do so.

Congressman PRICE returned to the “my broker did it” defense for weeks before finally providing the Finance Committee with an excerpt of his brokerage agreement.

Here’s what it says:

In the Portfolio Management (“PM”) program, a Financial Advisor(s) who meets the program certification requirements manages your assets on a discretionary basis. In other words, your Financial Advisor, and not you, has the discretion to decide what securities to buy and sell in your account. This discretion is subject to the parameters described below and your ability to direct a sale of any security for tax or other reasons.

In the course of our investigation, committee staff spoke with experts, and they confirmed what seems obvious from the plain language of the text. This agreement does not hand over complete control of Congressman PRICE’s portfolio to his broker. His agreement with his broker simply does not shield him from insider trading laws, no matter how many times he tries to say it does.

This isn’t a question of whether Congressman PRICE followed the technical letter of the law, he didn’t follow it in spirit either. Congressman PRICE could direct his broker to make trades when he wanted to, and he did. Case in point, when Congressman PRICE wanted to act on a stock tip from Congressman COLLINS, he called up his broker and had her buy shares of an Australian biomedical firm called Innate Immunotherapeutics.

Another question raised by Congressman PRICE’s conflicts of interest is whether they go beyond a violation of the public’s trust and constitute an outright violation of insider trading laws. That question cannot be answered today. We have seen that time and time again that Congressman

PRICE purchased stocks then turned around and promoted legislation that would help those companies, and his investments in them. What is not clear is whether the introduction of this legislation meets the legal standards of being “material” and “nonpublic.” Neither case history, nor the legislative history of the STOCK Act provide clear guidance on when pending legislation is material and nonpublic.

The bottom line is that Congressman PRICE’s activities are in uncharted waters. That is why the public and members of this body ought to be outraged that the majority party has cut off the vetting process and rushed this nomination toward completion.

In my view, because of how this nomination was handled, the Senate Finance Committee has set a double standard. If you look to the recent past at the nominations of Senator Tom Daschle, Secretary Tim Geithner and Ambassador Ron Kirk at the outset of the Obama administration, the vetting process was extremely thorough and bipartisan. The committee turned over every stone, peered around every corner and followed every lead to its conclusion. Now, when a glaring issue comes up that undeniably deserves investigation, the party in power has shut down the vetting process. The Finance Committee and the Senate ought to do better.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. COTTON. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered.

The PRESIDING OFFICER. The question is, Will the Senate advise and consent to the Price nomination?

Mr. COTTON. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. DURBIN. I announce that the Senator from Missouri (Mrs. McCASKILL) is necessarily absent.

The PRESIDING OFFICER (Mr. CASSIDY). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 52, nays 47, as follows:

[Rollcall Vote No. 61 Ex.]

YEAS—52

Alexander	Cornyn	Graham
Barrasso	Cotton	Grassley
Blunt	Crapo	Hatch
Boozman	Cruz	Heller
Burr	Daines	Hooven
Capito	Enzi	Inhofe
Cassidy	Ernst	Isakson
Cochran	Fischer	Johnson
Collins	Flake	Kennedy
Corker	Gardner	Lankford

Lee	Risch	Sullivan
McCain	Roberts	Thune
McConnell	Rounds	Tillis
Moran	Rubio	Toomey
Murkowski	Sasse	Wicker
Paul	Scott	Young
Perdue	Shelby	
Portman	Strange	

## NAYS—47

Baldwin	Gillibrand	Nelson
Bennet	Harris	Peters
Blumenthal	Hassan	Reed
Booker	Heinrich	Sanders
Brown	Heitkamp	Schatz
Cantwell	Hirono	Schumer
Cardin	Kaine	Shaheen
Carper	King	Stabenow
Casey	Klobuchar	Tester
Coons	Leahy	Udall
Cortez Masto	Manchin	Van Hollen
Donnelly	Markey	Warner
Duckworth	Menendez	Warren
Durbin	Merkley	Whitehouse
Feinstein	Murphy	Wyden
Franken	Murray	

## NOT VOTING—1

McCaskill

The nomination was confirmed.

Mr. MCCONNELL. Mr. President, I move to reconsider the vote on the nomination.

The PRESIDING OFFICER. The question is on the motion to reconsider.

Mr. MCCONNELL. I move to table the motion to reconsider.

The PRESIDING OFFICER. The question is on agreeing to the motion to table.

The motion was agreed to.

## ORDER OF PROCEDURE

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the mandatory quorum call be waived.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

## ORDER OF BUSINESS

Mr. MCCONNELL. Mr. President, for the information of all Senators, the Senate will debate the Mnuchin nomination tomorrow. The next series of votes will occur on Monday at around 7 p.m.

## UNANIMOUS CONSENT AGREEMENT—EXECUTIVE CALENDAR

Mr. MCCONNELL. Mr. President, I ask unanimous consent that notwithstanding rule XXII, following leader remarks on Monday February 13, there be up to 7 hours of debate remaining on the Mnuchin nomination; and that following the disposition of the Mnuchin nomination, the Senate proceed to the consideration of the following nomination: Executive Calendar No. 17, David Shulkin to be Secretary of Veterans Affairs. I further ask unanimous consent that there be 10 minutes of debate on the nomination, equally divided in the usual form, and that following the use or yielding back of time, the Senate vote on the nomination with no intervening action or debate; that if confirmed, the motion to reconsider be

considered made and laid upon the table; the President be immediately notified of the Senate's action; that no further motions be in order; and that any statements relating to the nomination be printed in the RECORD; finally, that following leader remarks on Tuesday, February 14, the Senate proceed to the consideration of the following nomination: Executive Calendar No. 10, Linda McMahon to be Administrator of the Small Business Administration. I further ask unanimous consent that the time until 11 a.m. be equally divided in the usual form; and that following the use or yielding back of time, the Senate vote on the nomination with no intervening action or debate; that if confirmed, the motion to reconsider be considered made and laid upon the table; that the President be immediately notified of the Senate's action; that no further motions be in order; and that any statements relating to the nomination be printed in the RECORD.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The majority leader.

Mr. MCCONNELL. Mr. President, the next vote will be the last vote of the evening, and we will be back voting Monday night.

## CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The senior assistant legislative clerk read as follows:

## CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Steven T. Mnuchin, of California, to be Secretary of the Treasury.

Mitch McConnell, Roger F. Wicker, John Boozman, Orrin G. Hatch, Roy Blunt, John Cornyn, Steve Daines, Tim Scott, John Hoeven, Michael B. Enzi, John Barrasso, John Thune, Mike Rounds, Mike Crapo, James M. Inhofe, Joni Ernst, Chuck Grassley.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the nomination of Steven T. Mnuchin, of California, to be Secretary of the Treasury shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The bill clerk called the roll.

Mr. DURBIN. I announce that the Senator from Missouri (Mrs. MCCASKILL) is necessarily absent.

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 53, nays 46, as follows:

[Rollcall Vote No. 62 Ex.]

## YEAS—53

Alexander	Flake	Paul
Barrasso	Gardner	Perdue
Blunt	Graham	Portman
Boozman	Grassley	Risch
Burr	Hatch	Roberts
Capito	Heller	Rounds
Cassidy	Hoeven	Rubio
Cochran	Inhofe	Sasse
Collins	Isakson	Scott
Corker	Johnson	Shelby
Cornyn	Kennedy	Strange
Cotton	Lankford	Sullivan
Crapo	Lee	Thune
Cruz	Manchin	Tillis
Daines	McCain	Toomey
Enzi	McConnell	Wicker
Ernst	Moran	Young
Fischer	Murkowski	

## NAYS—46

Baldwin	Gillibrand	Peters
Bennet	Harris	Reed
Blumenthal	Hassan	Sanders
Booker	Heinrich	Schatz
Brown	Heitkamp	Schumer
Cantwell	Hirono	Shaheen
Cardin	Kaine	Stabenow
Carper	King	Tester
Casey	Klobuchar	Udall
Coons	Leahy	Van Hollen
Cortez Masto	Markey	Warner
Donnelly	Menendez	Warren
Duckworth	Merkley	Whitehouse
Durbin	Murphy	Wyden
Feinstein	Murray	
Franken	Nelson	

## NOT VOTING—1

McCaskill

The PRESIDING OFFICER. On this vote, the yeas are 53, the nays are 46.

The motion is agreed to.

## EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report the nomination.

The senior assistant legislative clerk read the nomination of Steven T. Mnuchin, of California, to be Secretary of the Treasury.

The PRESIDING OFFICER. The Senator from Ohio.

## MORNING BUSINESS

Mr. PORTMAN. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The PRESIDING OFFICER. Without objection, it is so ordered.

(At the request of Mr. DURBIN, the following statement was ordered to be printed in the RECORD.)

## VOTE EXPLANATION

• Mrs. MCCASKILL. Mr. President, I was necessarily absent for today's vote on the confirmation of THOMAS PRICE to be Secretary of Health and Human Services. Had I been present, I would have voted nay.

(At the request of Mr. DURBIN, the following statement was ordered to be printed in the RECORD.)

## VOTE EXPLANATION

• Mrs. MCCASKILL. Mr. President, I was necessarily absent for today's vote